Maryland Department of Health and Mental Hygiene
Information Technology Master Plan

Fiscal Year 2003

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Departmental Web Site: www.dhmh.state.md.us

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INFORMATION TECHNOLOGY MASTER PLAN

Fiscal Year 2003

Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) developed the Information Technology Master Plan (ITMP) to promote the use of technology resources, improve the health services that are provided to the citizens Maryland and provide technology guidance to departmental units. It also helps ensure that the Department follows a consistent and coordinated approach in accordance with statewide information technology objectives. In a time when information technology changes constantly, the ITMP is the Department's best effort to project the direction of its information technology efforts based on federal and State legislation, agency initiatives and current trends. Agency information technology staff continually plans for the future using best practice standards and the latest available knowledge to provide the citizens of Maryland with the best health services and information.

Purpose

The purpose of the Information Technology Master Plan is to provide a framework for the deployment of information resources vital to the fulfillment of the Maryland Department of Health and Mental Hygiene's mission.

Section I. General Agency Information

A. Name of Agency

Department of Health and Mental Hygiene

B. Organizational Chart – (Attachment A)

C. Vision Statement

The Department of Health and Mental Hygiene's (DHMH) vision is Leading the Way to a Healthy Maryland in the New Millennium.

D. Mission Statement

DHMH promotes the health of all Maryland citizens by providing health and support services; by improving the quality of health care for all; by providing leadership in the development and enactment of responsible and progressive health care policy; and by serving as the advocate for public health initiatives and programs to improve the quality of life for all Marylanders. Maryland's public health is our business.

E. Description of State Function

1. Priorities and Goals

The Secretary, George C. Benjamin, M.D., has identified five priority areas and associated outcome goals for the Department of Health and Mental Hygiene. They are: **(Attachment B)**

HEALTH CARE QUALITY

A Maryland health care delivery system that values the standards of quality of service, continuous mprovement and accountability and ensures that the most appropriate services are delivered to all who need them.

Outcome Goals:

- Improve quality of care in the regulated industry
- Improve quality of care in State financed programs
- Improve quality of care in State-operated programs and local health departments
- Ensure quality of care through licensed health care professionals

HEALTH CARE ACCESS

Availability of a comprehensive range of appropriate (community-based vs.institutionalized) health and mental health services for all Maryland citizens regardless of income, location or personal circumstance.

Outcome Goals:

- Assure health care coverage
- Improve access to support services for individuals with disabilities
- Assure sufficient supply of providers and services
- Reduce barriers to appropriate utilization of services

PUBLIC HEALTH IMPROVEMENTS

The provision and promotion of activities that safeguard and improve the health and well-being of Marylanders and communities from illness and injury.

Outcome Goals:

- Improve children's well being
- Improve maternal well-being
- Reduce chronic disease
- Reduce infectious disease
- Reduce injury, illness and death through prevention efforts

HEALTH CARE POLICY

Consistent advocacy, guidance and direction provided by DHMH to ensure enhanced coordination, collaboration and cooperation among agencies responsible for health care planning and program development.

Outcome Goals:

- Improve the coordination of health policy development

INFRASTRUCTURE

The administrative functions necessary to support the operation of all DHMH program units. This includes budget, personnel, training, information technology and other support areas, as well as environment/space.

Outcome Goals:

- Ensure well-qualified workforce
- Ensure a physical work environment that promotes work effort
- Provide reliable access to accurate, secure and timely electronic information
- Provide internal support services and goods in an efficient, timely and customer friendly manner

In addition to the priorities and goals, the Department has established a crosscutting goal to Improve internal and external customer service.

2. Organizational Functions

The Department of Health and Mental Hygiene is led by Secretary Georges C. Benjamin, M.D. and carries out its functions through the Executive Operations and Quality Management Programs and three Deputy Secretariats – Health Care Financing, Public Health Services and Operations. The following is a brief summary of the functions of each:

Executive Operations and Quality Management Programs

In 1999 the Secretary reorganized several units within the Department to establish the Quality Management Programs (QMP) within the Office of the Secretary. The units that comprise the QMP are the Office of the Inspector General, the Office of Health Care Quality, the Cigarette Restitution Fund Program, and 19 Health Occupations Boards and the Kidney Commission.

The reorganization of these units has focused on increasing the quality of services through the collaboration of health occupations, licensing and internal auditing functions. The clustering of these interconnecting, interdependent components has resulted in a more efficient quality management system.

The **Office of Health Care Quality** (OHCQ) is mandated by state and federal law to determine compliance with respect to quality of care and life standards within a variety of health care services, facilities and related programs. The OHCQ implements established public policy to ensure the health and safety of consumers through a fair survey and enforcement process; licenses, certifies and/or approves providers of care and services; works cooperatively with federal and state agencies, advocates, and providers to improve quality of care and life for

consumers; and provides accurate information to the public.

The **Health Occupations Boards and Commissions**, including the Board of Physician Quality Assurance and the Maryland Board of Nursing, are autonomous and are responsible for licensing health professionals and/or organizations and investigating related to health professional competence. The Commission on Kidney Disease sets physical and medical standards for dialysis and transplant facilities throughout the State. The Commission certifies, surveys and regulates these facilities to ensure that quality health care services are provided. The vast majority of the Health Occupations Boards/Commission are special funded, i.e., funded through revenues received from issuing licenses, assessing late fees and disciplinary penalities.

Deputy Secretariat for Health Care Financing

The Deputy Secretariat for Health Care Financing (HFC) is responsible for the oversight of the State's Medical Care Programs, which includes: Medical Assistance (Medicaid), Pharmacy Assistance, Kidney Disease and Maryland's Children Health Program. These programs provide services to nearly 510,000 low-income and disabled individuals and families.

The vision of HCF is for Marylanders to have access to quality health care services through a variety of delivery systems that serve as national models in the health care industry. Strong partnerships between State and local governments, the business community, and all of the health care providers contribute to healthy people in health communities. This is realized through its assurance that Marylanders have access to cost-effective quality health care service and is achieved by providing leadership and oversight to Maryland Medicaid Program and regulatory commissions.

Other units within the Deputy Secretariat include the regulatory commissions – the Maryland Health Care Commission and the Health Services Cost Review Commission.

The Maryland Health Care Commission is charged with the responsibility to develop, implement and monitor new health policies including: 1) a database on all non-hospital health care services; 2) comprehensive standard health benefit plans for small employers; 3) fiscal impact of state mandated benefits; 4) quality and performance measures for health maintenance organizations; 5) quality and performance measures for hospitals, ambulatory care facilities and nursing homes; 6) electronic claims clearinghouses; 7) state health planning functions to produce the State Health Plan; and 8) certificate of need program for regulated healthcare entities.

The Health Services Cost Review Commission is charged with the responsibility of Containing hospital costs, maintaining fairness in hospital payments, providing for financial access to hospital care and disclosure of information on the operations of hospital in the State. The Commission is involved with the resolution of financial problems that may threaten the Solvency of efficiently run institutions. It assures all purchasers of hospital health care services that the cost of said institutions are reasonable, the rates are set in reasonable relationship to aggregate costs and the rates set without discrimination.

Deputy Secretariat for Public Health Services

The Deputy Secretariat for Public Health Services (PHS) is responsible for policy information and program implementation affecting the health of all Maryland citizens through the Community and Public Health Administration, the AIDS Administration, the Laboratories Administration, the Alcohol and Drug Abuse Administration, the Mental Hygiene Administration, the Developmental Disabilities Administration, the Office of the Chief Medical Examiner and the Anatomy Board. The mission of PHS is to improve the health status of individuals, families, and communities through prevention, early intervention, surveillance and treatment; as well as, to provide an accessible, timely, fair and efficient administrative system to protect, advocate and preserve the civil and legal rights of persons in facilities and community-based programs for the mentally ill and the developmentally disabled throughout the State.

The PHS promotes health behaviors in individuals and families through community-based interventions and partnerships that aim to protect the health of at-risk and vulnerable populations by providing their access to quality health care and prevention services. This is accomplished through the 24 local health Departments (LHD) in Maryland, one for each of the counties and the City of Baltimore. These local health departments are the focal point of Maryland's public health services.

Deputy Secretariat for Operations

The Deputy Secretariat for Operations provides support services to DHMH. These include financial planning, expenditure control, personnel management, procurement, general services, information resources management, vital records (birth, death, marriage, divorce, adoption and legitimization records for Maryland), health statistics, grants administration, capital construction, regulation coordination, volunteer services, governmental relations, legislative affairs, community relations, public relations and executive nominations.

F. Location

The Department of Health and Mental Hygiene operates throughout the State of Maryland. Headquartered at the State Office Complex in Baltimore and several satellite locations, the DHMH operation is comprised of thirty-two Administrations, Offices, Boards and Commissions. In addition, there are local health departments covering the twenty-three Maryland counties and Baltimore City.

There are also seventeen facilities and the Maryland Psychiatric Research Center providing services for Maryland citizens.

Section II. Information Technology Organization

A. Name of Organization

Information Resources Management Administration

B. Organizational Chart (Attachment C)

The Information Resources Management Administration (IRMA) is responsible for implementing the guidelines set forth in the State of Maryland Information Technology Master Plan for the Department of Health and Mental Hygiene (DHMH) and operates in conjunction with the Health Information Coordinating

Council (HICC). The IRMA is comprised of the following:

Director's Office

Provide direction for DHMH information resources management. This is accomplished through (1) formulating overall DHMH information resources strategy and related policies, procedures and fiscal controls; (2) managing and coordinating the development, implementation and operations of information systems using a variety of computer platforms; (3) planning and managing the DHMH Internet and Intranet development; (4) providing support of information processing goals and objectives; direction and oversight for eGovernment initiatives; (5) providing a full range of hardware and software customer services; and (6) development and implementation of the DHMH local area network (LAN) and wide area network (WAN).

Information Systems Division

The Information System Division provides system analysis; design and programming support for automated applications installed on the mainframe and midrange computer systems. Some 70 administrative and programmatic systems and more that 4,300 batch and on-line application computer programs covering accounting, human resources, vital records/health statistics and other health related program areas are maintained on the mainframe alone. Electronic transfer of data files to and from DHMH facilities and the Annapolis Data Center are also supported by the division through the use of the attended and unattended communication polling processes. In addition, this Division provides client-server (Oracle) support to a growing number of DHMH administrations.

This project also includes the Hospital Management Information System (HMIS), which is an integrated network of ten IBM midrange systems supporting 20 State operated Inpatient Facilities. HMIS provides a centralized billing module and distributed admission/discharge/transfer (Census) module at each facility, as well as on-line, real time Pharmacy order entry/dispensing module. On a daily basis, census transactions from each facility are formatted and subsequently transmitted to the central office for processing with the statewide database used for centralized monthly billing cycles and statewide patient tracking. Strategies for development of an integrated electronic medical record are underway based upon requirements for future fee for service billing and Health Insurance Portability and Accountability Act compliance.

Information Services provides data processing support of the Maryland Women, Infants and Children (WIC) Program. The automated WIC system maintains comprehensive participant files and complex distribution formulas to prepare food vouchers and essential reports required by the USDA, the funding agency. Data processing support is effected through the use of a host midrange system (IBM RISC 6000) located at the O'Conor Building, operating in consonance with a distributed network of microcomputers installed at 110 local WIC clinic sites, serving over 90,000 participants statewide. Major enhancements to the WIC system are planned during FY2001-2002 which will substantially increase the productivity of local agency staff, better meet information needs and allow for on-demand check preparation at the clinic level. Enhancements consist of a

centralized Oracle database system that will be updated by the Local Agencies through a front-end application written in Microsoft Visual Basic 6.0.

Information Technology Support Division

The Information Technology Support Division provides comprehensive Information Technology (IT) customer services to all DHMH units. Responsibilities include IT Project Planning, network systems analysis, local and wide area network implementation and support, data communications support, Internet and Intranet access, software, hardware, and equipment purchasing and allocation, technical support of installed hardware/software, PC/printer repairs, virus repairs and equipment transfer/moves. Other responsibilities include departmental microcomputer policies, standards and procedures. Technical support to remote headquarters, facilities and to local health department is limited to Internet, Intranet and wide area routed frame relay communications and consultation.

The Department of Health and Mental Hygiene Information Coordinating Council (HICC) has developed a plan for infrastructure enhancements for all programs within DHMH and to provide the programs with access to the DHMH network; and to maintain the network.

Policy, Planning and Administration Division

The Policy, Planning and Administration Division is responsible for fulfillment of a variety of administrative functions including: DHMH information technology procurements, Internet and Intranet services; distance learning activities; information technology training, and information technology strategic planning and policy development. The Division also is responsible for IRMA's fiscal management, personnel transactions, records management, physical inventory, Managing for Results requirements, telecommunications requests and special projects.

Computer Operations Division

The Computer Operations Division provides a variety of mainframe-based Data Processing customer services to all DHMH units. These services include: data entry, electronic billing, production control and laser/impact printing. This Division also provides operational support to the Hospital Management Information System (HMIS) and both operational and data entry support to the Maryland Women, Infants and Children (WIC) program.

Data Entry, HMIS, Electronic Billing, Production Control/Laser Printing and WIC Operations provide internal/external support services such as reports, billing transmission, key-entry system operation support in an efficient, timely and customer friendly matter. The Computer Operations Division is currently operating a Xerox 4635 and a Xerox Docuprint 96 in the Laser Printing Center, which provides DHMH with appropriate printer backup ability to meet all mainframe printing needs formerly provided by the Annapolis Data Center.

C. Vision/Values Statement

Vision: Innovative technology for quality health information and services

Values: IRMA's guiding principles are communication, teamwork, career growth and performance.

D. Mission Statement

Mission: IRMA's mission is to coordinate, plan, develop and maintain Department Wide information resources; to provide technological support, information services and electronic communications in a prompt, secure and reliable fashion; to recommend uniform information technology policies, standards and procedures; and to assure access to accurate, timely and complete informations in accordance with the DHMH Information Resources Strategic Plan.

E. Goals and Objectives

Goal 1 – Lead the improvement of information management in DHMH through collaboration, sharing and sue of information.

Objective 1.1 – To achieve 100% compliance with identified Health Insurance Portability and Accountability (HIPAA) requirements.

Strategy – Facilitate technical, logistical and operational support for HIPAA compliance within DHMH.

Performance Measure 1.1a – Measure Departmental HIPAA related workgroup accomplishments in relation to established plan.

Output Measure:

	FY2000	**FY2001**	**FY2002**	**FY2003**
% of DHMH staff and partners trained on HIPAA privacy requirements	N/A	N/A	50%	100%
% of compliance with HIPAA requirements for standardized transactions	N/A	N/A	25%	50%
% of employ HIPAA code sets	N/A	N/A	25%	50%

Compliance with HIPAA security regulations	N/A	N/A	50%	75%
Integration of documentation and certification procedures	N/A	N/A	25%	50%

Goal 2 – Improve the ease of access to and availability of DHMH information.

Objective 2.1 – By June 30, 2003, assist DHMH in meeting its goal to have public information and services available electronically.

Strategy – facilitate technical, logistical and operational support for DHMH compliance with the eGovernment initiative.

Performance Measure 2.1.a –Measure Departmental eGovernment related workgroup accomplishments in relation to established plan.

Performance Measure 2.1.b – Percentage of business services and information provided online.

Output Measures:

	FY2000	**FY2001**	**FY2002**	**FY2003**
Progress reports	N/A	N/A	12	12
Customer Surveys	N/A	N/A	4	4

Outcome Measure:

DHMH progress Measurement	N/A	N/A	4	4
Customer satisfaction baseline	N/A	N/A	TBD	5%

Goal 3 – Provide responsive and reliable computer operation services to DHMH

Objective 3.1 – During FY2003, 98% of service requests received will be completed within standard service agreement time frames.

Strategy – Staff will adhere to service agreement parameters for work completion.

Performance Measure 3.1a – Time period for completion of service requests.

Output Measure:

	FY2000	FY2001	FY2002	FY2003
Production log	12	12	12	12

Outcome Measures:

	FY2000	FY2001	FY2002	FY2003
Service requests completed within established time frames (%)	80	95	98	98

Goal 4 – Meet Department requirements for network infrastructure.

Objective 4.1 - By June 30, 2003, the Wide Area Network (WAN) and the Internet will provide sufficient bandwidth to be accessible 85% of the time and operate with 99% reliability within available resources.

Strategy – Increase the number of network locations and increase the bandwidth.

Strategy – Continued training of information technology support staff to improve technical knowledge, skills and abilities.

Strategy – Procure hardware, software and services to implement the infrastructure improvements needed to accommodate growth and maintain network reliability.

Performance Measure 4.1.a – Percentage of network accessibility and reliability during business hours.

Output Measures:

	FY2000	FY2001	FY2002	FY2003
Wide Area Network locations	48	60	85	90
Wide Area Network Bandwidth	56K	56K	1.54Mb.	1.54Mb.
Internet Bandwith	1.54Mb.	1.54Mb.	1.54Mb.	4.0Mb.

Outcome Measures:

Network Accessibility (%)	70	75	80	85
Network Reliability (%)	90	95	99	99

Goal 5 Department Information Technology procurements will identified needs.

Objective 5.1 During FY 2003, 97% of information technology contracts will meet contract specifications.

Strategy: Encourage contract monitors to verify all invoices and track all payments within 10 working days to avoid overages.

Strategy: Initiate quarterly status report forms to monitor contracts.

Strategy: Coordinate corrective actions to be taken with contract monitors.

Performance Measure 5.1.1. Number and percentage of information technology contracts that meet contract specifications.

Output: Number on contracts information technology contracts meeting contract specifications.

2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
99	66	85	90

Outcome: Percentage of information technology contracts that meet contract specifications

2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
99	95	95	97

Health Information Coordinating Council

The purpose of the Health Information Coordinating Council (HICC) is to serve as a permanent, senior-level, decision-making and implementation body for carrying out the Department's information resources management responsibilities. As a department-wide partnership of all stakeholders, the HICC provides recommendations on essential components of information resources management program and the policies to the Director of the Department's Information Resources Management Administration.

The executive leadership of the DHMH, through the Maryland Health Information Coordinating Council (HICC) will ensure that the Department's investments in information resources are managed efficiently in support of the DHMH mission. In this, the HICC acts under the Secretary's charter of responsibility to make recommendations for information technology planning, budgeting, contracting, information resources management policies and standards, and access to and appropriateuse of public health data.

The HICC represents all DHMH organizations and local health department partners through senior memberships. The HICC accomplishes its mission through workgroups which include non-members, on an ad-hoc or standing basis. The workgroups focus on broad or technical areas and produce plans, reports, recommendations, guidelines, and policies. HICC workgroups include the following areas:

- Data Guidelines, Standards and Use
- eGovernment
- Security and Confidentiality
- Strategic Planning
- Communication and Learning
- Hospital Management Information Systems
- Geographic Information Systems
- Health Insurance Portability and Accountability Act (HIPAA)
- Electronic Forms

The Executive Board of the HICC is comprised of the Secretary, Deputy Secretaries, select senior executives staff, and the co-chairs of the HICC. Recommendations and unresolved issues are presented to the Executive Board for review, comment and guidance.

The HICC provides the Department with an appropriate forum to conduct discussions, review and endorse policies, increase awareness and support for information resources management issues, and receive recommendations from senior managers regarding critical technology issues facing the Department, the State, local partners and the public at large.

Effective information resources management (IRM) is essential to achieving the DHMH mission to fulfill public health goals and serve the citizens of Maryland. Emphasis is placed on critical Department-wide issues that support projects and services delivered at the program level. Strategic IRM directions focus activities that will successfully achieve IRM goals and position the Department for the future.

DHMH's success in its mission requires ready access to data, both by the Department's staff and by others. Having sound information policies and practices, and efficient, responsive information systems is a key priority of DHMH's senior management team. The Department is committed to gathering and analyzing the data needed to evaluate health risks and trends, measure health program results, and educate individuals throughout the State, make policy decisions, and implement interventions to effect change. DHMH is also committed to promoting and supporting innovative technical solutions to health information problems. A sound IRM program is critical to the Department's ability to provide objective, reliable, and understandable information for these purposes.

The DHMH, in order to optimize the limited resources, promotes the sharing of best practices among its units; as well as, information about emerging innovative technologies. The Department structures horizontal committees and teams that utilize resources from all units. This will result in joint ventures which benefit all participants and the State of Maryland.

The implementation of new or updated technologies include training and end-use support, An evaluation of the project, transition costs or benefits. These elements are collected and Compared to the original benefits of the business process investigation to present to the administration for future planning and management.

The HICC Strategic Planning Workgroup developed the following information technology goals and objectives for the Department.

Goals

1. **To provide quality information resources to improve services to our internal and external customers.**

Objectives

1.1 Standardize the systems development process by FY 2003.

- To achieve Level-Capability Maturity Model (CMM) by FY 2003.
- To achieve Level-Capability Maturity Model (CMM) by FY 2004.
- Continue development, implementation and review of information

technology policies and standards that support the DHMH mission and that meet state standards through FY 2005.

- Assure through memberships on statewide information technology organization that

- Continue to utilize and improve the DHMH process to develop and review policies and standards.

2. To maximize access to and ensure security of information resources.

Objectives

2.1 To promote secure information resources.

- Establish an appropriate department-wide set of information and physical security standards, including disaster recovery and contingency plans by FY 2003.

- Establish a secure and reliable internet service environment by FY 2003.

- Assure that all DHMH units utilize DHMH centralized firewalls by FY 2004

2.2 Develop and implement a plan to comply with the rules and regulations issued by the Federal Department of Health and Human Services to implement the Health Insurance Portability and Accountability Act (HIPAA) of 1996

- Develop project rollout materials

- Begin the process of providing guidance to department units as they implement the HIPAA guidelines

2.3 Develop and implement a plan to comply with Governor's eGovernment initiative

- Draft a project plan for the implementation of the eGovernment initiative within DHMH

- Identify, inventory and periodically update all potential business processes that are appropriate for implementation over the Internet

- Web enable 65% of the business processes identified in FY 2001 inventory by calendar year 2003

- Web enable 80% of the business processes identified in FY 2001 inventory by calendar year 2004

3. To promote internal and external integration of data and information by improving access to, linkage of, and appropriate sharing and use of the Department' electronic information.

Objectives

3.1 Complete an intranet-based directory.

3.2 Develop a minimum data standards set for the department.

3.3 Develop and institute a process for the implementation of data administration policies for warehousing, mining and storage by FY 2003.

3.4 Establish a central data repository to support department-wide data sharing by FY 2004.

3.5 Establish external connectivity to DHMH data systems to support teleworking and sharing of electronic data by FY 2004.

3.6 Assure that appropriate data is usable and accessible and usable over the Internet by FY 2005.

4. To build a sound technological infrastructure.

Objectives

4.1 Expand electronic communications with internal and external customers using information resources through FY 2005.

- Conduct an assessment of DHMH employees electronic information needs by FY 2003.

- 50% of identified employees will be provided the capability to access electronic communications by FY 2003.

- 75% of identified employees will be provided the capability to access electronic communications by FY 2004.

- 100% of identified employees will be provided the capability to access electronic communications by FY 2005.

4.2 Provide the communication infrastructure to support telework initiatives as mandated by the State (10% of eligible employees) by FY 2003.

4.3 Improve the reliability of the information technology infrastructure to assure 98% availability in a 24 by 7 environment by FY 2003.

4.4 DHMH will have in place video-conferencing capabilities in 50% of counties to support distance learning needs by FY 2003.

5. To build a technologically proficient workforce.

Objectives

5.1 Provide all employees with access to training via the Internet and video/ audio conferencing by FY 2003.

- Complete a department-wide information technology training needs assessment to identify the needs of all employee by FY 2003.

- Publish a department-wide information technology training strategy by FY 2003.

- Develop a marketing plan to increase the awareness and availability in-house training opportunities by FY 2003.

5.2 Provide employees with appropriate information technology resources by FY 2003.

- Maintain annual minimum software standards pursuant to state standards.

- Provide information annually on minimum hardward standards based on State standards.

- Implement a department-wide distance learning plan designed to serve the need of all employees by FY 2003.

Section III. Electronic Government Initiative

The transformation from traditional government to electronic government is one of the most important public policy issues of our time. In the next decade, government will change more than it has in the past century.

As government moves toward becoming both service provider and policy maker, eGovernment requires that it make radical changes to the delivery of services to its citizens, the public, businesses, employees and other governments. It involves a multi-channel service delivery strategy in which services are available via the web, telephone or over the counter. Internal processes must be standardized and long-term goals addressed for realizing services delivery. Government services are different from private sector business in terms of its customers, incentives, risk taking, organizational structure and motivators. Through technology, government has the potential to create significant value in improving its services via customer self service, single face interactions, high availability and business process improvement.

To be successful, an eGovernment initiative must deal with the following:

- Leadership
- Electronic Records Management
- Privacy and Security Concerns
- Governance
- Justification
- Funding
- Performance Measurement
- Competency/Sourcing
- Contract Management
- Project Management
- Relationship Management
- Technology

A. Status of Business Programs

As both a health service provider and policy maker, the Department of Health and Mental Hygiene has numerous functions involving citizen access and customer satisfaction. The Department's eGovernment Baseline Inventory contains over 1,600 business services. DHMH administrations, facilities and local health departments have been diligent in planning for the electronic delivery of health care information and services.

The DHMH Health Information Coordinating Council has established an EGovernment Workgroup to coordinate the electronic government initiative working in conjunction with the Information Resources Management Administration. The eGovernment Steering Committee has established the following vision, mission and goals.

Vision:

DHMH will be recognized as a national leader in the electronic delivery of Health care information and services.

Mission:

Improve Maryland's public health utilizing electronic technology to enhance The quality of care, access, policy, infrastructure and customer service.

Goals:

- Ensure that the required eGovernment perpetual inventory of information and services is properly prepared and entered into the DBM/ITAC web site

- Ensure that the appropriate projects for eGovernment are initiated and completed so that DHMH complies with the Electronic Government Initiative. Specifically that the following percentages of DHMH Services and information are to be available electronically:

  50% by 12/2002 65% by 12/2003 80% by 12/2004

- Monitor and evaluate the progress of DHMH toward compliance with Maryland's Electronic Government Initiative

- Develop and convene additional work groups and committees as necessary

- Inform DHMH organizations of the requirements for and compliance with Maryland's Electronic Government Initiative

- Develop guidelines and recommendations to assist DHMH organizations with their identification of eGovernment opportunities

- Provide assistance to DHMH organizations in determining how to plan their eGovernment projects

The DHMH eGovernment Workgroup has created subworkgroups to carry out different aspects of the initiative:

Website Quality Assurance – the purpose of the subworkgroup is to assess, plan and implement strategies for continuous quality assurance of the DHMH Internet/Intranet Websites. The subworkgroup's tasks include:

- Monitor consistency of information across websites within the DHMH domain

- Review websites within the DHMH domain to work with administrations to monitor the accuracy and quality of their sites

- Monitor adherence to DHMH's Web Development Guidelines and Operational Policy

- Establish a process for addressing inconsistencies and inaccuracies on DHMH websites

Portal – the subworkgroup was formed to assess, plan and recommend strategies for maximizing the utility and value of portal technology for

DHMH and its customers. It has adopted the following:

Vision:

DHMH will provide superior access to electronic-based healthcare information and services.

Mission:

Improve Maryland's access to public health information and services through the use of an intuitive, intentions-based, customer driven Internet site.

Goals:

- Provide guidance for more consistency, functionally and maneuverability across websites within DHMH
- Develop and issue to the appropriate parties, advice, guidelines, and recommendations from DHMH experts, on how best to present DHMH health and medical information and activities through functional portal concepts and strategies. Make recommendations, to have changes made to the DHMH Development Guidelines and Operational Policy, where appropriate
- Collaborate with Information Resources Management Administration on the DHMH Portal Website

In addition, through the HICC eGovernment Workgroup, the Department has established the DHMH Internet Guidelines to provide direction in the design development, implementation and maintenance of web sites. The guidelines were developed to ensure the quality of departmental sites, promote a unified site for DHMH and to facilitate web development throughout the Department. The guidelines allow access to persons with disabilities, those lacking multimedia functions, persons using non-current web browsers and where applicable, persons from non-English speaking backgrounds.

B. eGovernment Initiative (50/65/80)

The Department of Health and Mental Hygiene has prepared the State's largest inventory of potential web enabled public services and information. The inventory includes information on the DHMH administration and specific unit responsible for the public services and information, and a description of the function. Each inventory item has been prioritized – 1, High; 2, Medium; and 3, Low. Also included is the calendar year in which the business function is expected to be web enabled. **(Attachment D)**

C.Status of Information Technology Systems and Services

The following information is provided concerning the Department of Health and Mental Hygiene's information technology program in support of the DHMH mission.

1. Content

An agency as large as DHMH has an extensive amount of resident information. **Attachment E** is the DHMH Data Systems Directory. The Directory lists the names of each data system and contains a brief system description. The following is a list of DHMH systems that are in various phases that range from the initial RFP/Task Order phase to the implementation, warranty and maintenance phases.

1. Developmental Disabilities Administration – Provider Consumer Information System II
2. Office of Health Care Quality – Provider Licensing and Complaint Information System
3. AIDS Information Management Software System
4. Vital Statistics Administration – Vital Records Registry System
5. Community Health Administration – Immunization Network System
6. Family Health Administration – INPHO Grant – Public Health Data Network System
7. Family Health Administration – Breast and Cervical Cancer Screening System
8. Family Health Administration – Women Infants and Children Windows System
9. Information Resources Management Administration – Convert client server based Boards and Commissions "Licensing" applications to online Internet based "Licensing" applications
10. Alcohol and Drug Abuse Administration – Web based Electronic Substance Abuse Management Information System (eSAMIS)
11. Alcohol and Drug Abuse Administration - Using data gathered in eSAMIS, conduct measurement and modeling of treatment outcomes.
12. Pharmacy Board – Convert client server based "Licensing" system to online Internet based "Licensing" system
13. Board of Nursing – Convert client server based "Licensing" system to online Internet based "Licensing" system
14. Family Health Administration – Maryland Primary Care System

2. Transport

The Department moves information via telecommunication lines, including Local Area Network (LAN), Wide Area Network (WAN), video conferencing, audio conferencing and satellite downlink. **Attachment F** is the DHMH Telecommunications Plan.

The DHMH telecommunications infrastructure is comprised of **Local Area Networks (LAN**) at each of the facilities and a Wide Area Network (WAN) that provides date access to the DHMH Headquarters. The LANs are used primarily to support daily administrative functions and to provide user access to DHMH applications. The DHMH LAN includes
routers, switches, servers, mid-range computers, firewalls and gateways to provide access to the Annapolis Data Center mainframe. The DHMH Headquarters LAN

is the hub for most users and facilities. DHMH is currently in the process of redesigning the Headquarters LAN to better support all users and make a more robust network supporting Internet and web enabled access. The redesign includes full site redundancy and better firewall protection.

Wide Area Network (WAN)

The WAN provides access to financial data, health related applications, the Internet and email via DHMH Headquarters. The DHMH is in the process of moving from a Mainframe based Environment to a Client-Server Environment, using the Oracle Database and the Microsoft Office Professional Suite as standards. The Administration has implemented a private State-Wide frame-relay Wide Area Network. The WAN, with a T3 frame-relay at it core, connects the county Health Departments, State Hospital Centers, DDA Regional Offices, as well as theremote headquarter buildings to the O'Conor building, ADC, DHR, and the Internet. The WAN is protected from the Internet by two Gauntlet firewalls. The WAN was constructed based on the Statewide Policies described in the State of Maryland Information Technology Master Plan.

Audioconferencing/Videoconferencing/Satellite

The DHMH distance learning systems are used in a variety of situations including training, communication and virtual meetings in multiple locations. It can also be utilized to coordinate responses, promote informed decision making and support the allocation of critical resources in the event of a public health emergency.

Public Health Distance Learning at DHMH is primarily focused in four priority areas of creating Dynamic and interactive opportunities for both improved communication and learning.

Audio Conferencing is actively used for numerous administrative and work situations that have allowed many Public Health professionals the opportunity to avoid traveling to the central office in order to attend regularly scheduled meetings. Although DHMH does not yet own it's own audio bridge- it rents space for this service from AT&T or utilizes federal agency equipment resources, when available. Investing in an audio bridge would be an extremely helpful asset to all of the 80+ Public Health-related facilities and staff throughout the state.

Large Conference Room Video Conferencing capabilities (operating on three ISDN lines) are rapidly expanding throughout the network of the 24 Local Health Departments. This real time audio and video interactive communication and learning tool is being used to connect regularly scheduled meetings of the Health Information Coordinating Council, HICC Workgroups, the Deputy Secretary for Public Health's Roundtable monthly meetings as well as for other regularly scheduled planning meetings such as Bio-Terrorism Prepardness. In addition, there are several County Health Departments that have a slower speed PC-based system (operating on one ISDN line) that also connect additional County Health Departments. Despite different video standards – these two differenct types of systems can participate on the same video call. This has been demonstrated with the assistance of a rented video bridge where the equipment was successfully demonstrated at meetings connecting six local health Departments and DHMH.

DHMH will continue to explore ways to provide video conferencing and video bridging services for the benefit of distant counties.

Live satellite broadcasting is also available at the DHMH site. This service provides Public Health employees with an excellent opportunity to view national live satellite broadcasts that are downlinked directly into the DHMH headquarters facility for either viewing or recording. The last and most rapidly developing area in Distance Learning opportunity is related to the learning capabilities on the Internet. The rate of change and innovation in this area is measured in months (not years – as in most other areas of change.) The trend to wireless connectivity has truly fueled a new way of working, communicating and learning that wasn't even on the horizon eight years ago. The impact of Public Health Distance Learning innovation is being felt throughout every level of this organization. As DHMH places increased value on becoming a Learning Organization, the value and importance of Public Health Distance Learning will be realized in every DHMH facility in the State.

3. Enhanced Services

DHMH provides value added services to make information resources useful to and usable by its customers:

Help Desk

The Technical Support Help Desk was established in order to provide DHMH computer users with one number to contact for technical support. The support areas
provided includes, but is not limited to:

- Hardware and software installation, troubleshooting, & repair
- LAN/WAN administration, installation, & troubleshooting
- Mainframe and Midrange support

The Help Desk utilizes MAGIC TSD software by Network Associates, Inc. (NAI).

This web-based software allows technical support staff to track service requests, generate work orders, perform remote control of the user's desktop for troubleshooting/repair, and, put in place reporting features for use by management.

In the future, users will be able to Log a call with the Help Desk via Groupwise and also log a call and check status via the Web. Our ultimate goal is to bring other administrations onboard as users of this system.

DHMH eGovernment Infrastructure Plan – (**Attachment G)** the document is the blueprint for the DHMH's future infrastructure services and support. It is also the implementation plan for **DHMH's Architecture and Standards** (**Attachment H)**

Information Security Protection for eGovernment Services

DHMH has a set of comprehensive information protection policies and procedures in place, and requires all personnel to abide by these directives. As part of those requirements to meet our Departmental Goal and the operational needs for the confidentiality, integrity, and availability of information resources we have classified information into three distinct types, and have directed that reasonably commensurate levels of protection be provided for these valuable resources. This protective is based on respective risks and consequences on disclosure.

(1) **Public Information** - Information in the public domain with no federal, state, or proprietary restrictions on its use or disclosure;
(2) **Proprietary Information** - Information having competitive or intrinsic value in ownership, that is protected under federal or state laws or regulations or by contractual obligations, or information, although designated as public, that may be restricted by method of access or level of detail and not provided unless requested for legitimate business reasons;
(3) **Protected Information** - as defined in federal laws and regulations (e.g. HIPAA), and in Maryland law and regulation- Includes personally identifiable/linkable information that requires the highest level of protection.

The Department currently provides information security protection as described below for these classes of information based upon type and reasonably commensurate with the risk of disclosure.

Protection of Public Information: Public information is protected to assure the integrity of the information by keeping this information from accidental or intention manipulation or change. We also assure the availability of the information by keeping it reasonably safe from denials of service attacks or other attempts to deny access to the information when needed. Public information maintained outside Department firewalls is protected by (1) acceptable firewall technology equal to or better than the Department or state standard, (2) continuous software upgrades to server operating and application software, (3) the

limitation of unnecessary internet services on the servers, (4) adequate, restorable backups, onsite and off-site, (5) physical and environmental security for server location and backup sites, (6) and strict adherence to Department and state mandated security procedures.

Protection of Proprietary Information: Proprietary information has same integrity and availability protection for public information, with additional care to assure confidentiality. In addition to the preceding protective standards for Public information, Proprietary information is further protected by identifying and permitting appropriate users to access information limited by access control passwords and user identity.

Protection of Protected Information: Protected information requires the highest
level of protection to assure continued confidentiality, integrity, and availability of
the resources. Such protection includes all of the above approaches and additionally requires: (1) two-part or strong identification using a password and a token or smart card, (2) a digital certificate on a smart card or other removable media, or on the hard drive, (3) the use of a digital signature process using the preceding resources, (4) the use of Lightweight Directory Access Protocol (x.509) for management of these resources, (5) encrypted transmission using Secure Socket Layers technology and/or
the use of a Virtual Private Network, and (6) the installation of administrative procedures that support these resources.

DHMH Hardware/Software Standards

HARDWARE STANDARDS

The purpose of these standards is to guide, in a consistent manner, the acquisition and support of standard information technology (IT) hardware configurations by the Department of Health and Mental Hygiene (DHMH) in order to achieve State IT goals. This standard is to be implemented upon the acquisition of new hardware. However, it is recognized that the acquisition of new hardware may require a phase-in period for full compliance because of compatibility and other impacts of replacing or upgrading legacy hardware.

DHMH has defined hardware configurations for the efficient and productive acquisition and use of IT computing hardware in order to accomplish its mission and program goals.

In developing minimum hardware configurations, DHMH considered the following criteria:

- Total lifecycle cost
- Long –term support
- Interoperability
- Compatibility
- Scalability

- Availability/Accessibility
- Functionality/Performance
- Security
- Other specific criteria

The following configurations are defined as the minimum acceptable configurations for DHMH based on an analysis of our requirements:

- **PERSONAL COMPUTERS**

Standard Desktop PC Workstation
Intel Pentium III, 600mhz Central Processing Unit (CPU)
64MB RAM (Memory)
6.0GB Hard Drive (Data Storage)
4MB VRAM (Video Memory)
3 ½Diskette Drive
CD ROM Drive
10/100 Mbps Ethernet Adapter
15" Color Monitor

Keyboard
Mouse

Standard Laptop PC Workstation
Intel Pentium III, 450 mhz Central Processing Unit (CPU)
64MB Ram (Memory)
6.0GB Hard Drive (Data Storage)
3 ½Diskette Drive
CD ROM Drive
12.1 TFT Screen
56K Modem
10/100 Mbps Ethernet Adapter
Mouse
Windows Operating System – See Software Standards

- **PERIPHERALS**

Laser Printer – Network – Black & White
Dual Input Bin
10/100mbps Ethernet Adapter
Designated "Network" Model
15 Pages Per Minute
1,200 x 1,200 dpi
8MB RAM

Laser Printer – Network – Color
Single Input Bin
10/100mbps Ethernet Adapter
Designated "Network" Model
16 Pages Per Minute, Black
3 Pages Per Minute, Color
600 x 600 dpi
32MB RAM

Inkjet Printer – Network – Color
Single Input Bin
10/100mbps Ethernet Adapter
Designated "Network" Model
8 Pages Per Minute, Black
4 Pages Per Minute, Color
600 x 600 dpi
24MB RAM

Laser Printer – Standalone
Single Input Bin
10 Pages Per Minute
600 x 600 dpi
4MB RAM

Inklet Printer – Standalone
Single Input Bin
8 Pages Per Minute, Black
3.5 Pages Per Minute, Color
1,200 x 1,200 dpi

Desktop/Laptop Network Adapters
10/100 Mbps 3COM or SMC, PCI if possible

SOFTWARE STANDARDS

The purpose of these standards is to guide the acquisition and support of commercial off the-shelf (COTS) software by the Department of Health and Mental Hygiene (DHMH) in order to achieve State IT goals. This standard is to be implemented upon the acquisition of new software. However, it is recognized that the acquisition of new software may require a phase-in period for full compliance because of compatibility and other impacts of replacing or upgrading legacy software.

DHMH has defined minimum software configurations for the efficient and productive acquisition and use of IT computing hardware in order to accomplish its mission and program goals. These standard software configurations are to be used on hardware specified in the DHMH Hardware Standard. These hardware and software configuration standards are interrelated and have been developed to reflect an overall IT architecturethat complies with the State IT Master Plan.

In developing minimum software configurations, DHMH considered the following criteria:

- Total lifecycle cost
- Maintainability
- Interoperability
- Portability
- Scalability
- Availability/Accessibility
- Reusability
- Functionality/Performance
- Security
- Other specific criteria

The following configurations are defined as the acceptable COTS software for DHMH based on analysis of our requirements:

Desktop PC Workstation
Windows 2000 (Microsoft). Current statewide standard for use on all newly purchased hardware.
Windows 9X (Microsoft). Can be utilized until such time that the hardware is replaced, then goes to statewide standard.

Network Server
Netware 5.1, or higher (Novell)

- **PERSONAL PRODUCTIVITY**

  Desktop Virus Protection:
  Selection is deferred to the individual user for standalone systems or to the network Administrator for networked systems.

  Desktop Statistical Analysis:
  SAS 8.0, or higher (SAS Institute)
  SPSS (SPSS)
  EPIINFO (CDC)

  Email:
  GroupWise 5.5, or higher (Novell)

  Office Suite:
  Office 2000 Professional or Standard Edition (Microsoft). Current statewide standard for use on all newly purchased hardware.
  Office 9X (Microsoft). Can be utilized until such time that upgrade monies/hardware are made available, then move is made to the statewide standard.

  Web Browser:
  Netscape Navigator 4.5, or higher (Netscape)
  Internet Explorer 5.0, or higher (Microsoft)

- **DATA MANAGEMENT**

  Large Database Development
  Oracle 8, or higher (Oracle)

  Small Database Development
  Access 2000 (Microsoft). However, utilization of Access 97 is allowed until such time that upgrade monies/hardware are made available, then move is made to the statewide standard.

Section IV. Agency Business Plan

Pursuant to the Department of Budget and Management (DBM) Guidelines, this section contains information on major DHMH information technology development projects. The

projects include those that meet one or more of the established DBM criteria for a "major IT development project."

- The estimated total cost of development equals or exceeds $3 million.

- The project is undertaken to support a "critical business function" associated with the Public health, education, safety or financial well-being of the citizens of Maryland.

- The Secretary of Budget and Management determines that the project requires the special attention and consideration given to a major IT development project due to the significance of the project's potential benefits or risks, the impact of the project on the public or local governments, the public visibility of the project, or for other reasons satisfactory to the Secretary.

It projects were included or excluded from the FY 2003 ITMP based on DBM's definition of "Development":

"Development"

"Development" generally includes all expenditures involved in planning, procuring, creating installing, testing and initial training of a new information technology system or an enhancement to an existing system. To be considered "development" the enhancement must significantly change the functionality of an existing system or support a change in an existing business process.

Development generally concludes when the new or enhanced system has been legally accepted by the user and is being used for the business process for which it was intended.

Development costs should include payments and purchases that are directly related to the development project. Development costs should also include the salaries and fringe benefits of employees who dedicate at least 60% of their time to the project over the course of a fiscal year.

"Development" does not include ongoing operating costs, software or hardware maintenance routine upgrades, or modifications that merely allow for the continuation of the existing level of functionality.

Based on the above criteria, the following agency business plans are submitted, each containing an executive summary, strengths and challenge, staff resources, environment and project management information. In addition, **Attachment I** is a listing of DHMH information technology positions at its Headquarters, facilities and local health departments. **Attachment J** is an inventory listing of DHMH software over the $50,000.00 threshold. An inventory listing of DHMH information technology hardware is contained in **Attachment K**.

Agency Business Plan #1
Health Insurance Portability and Accountability Act (HIPAA)
Information Resources Management Administration

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 added to title XI of the Social Security Act a new part C, entitled "Administrative Simplification." The purpose of this part is to improve the efficiency and effectiveness of the health care system through the establishment of standards and requirements to enable the electronic exchange of certain health information. The law also establishes federal regulations containing standards with respect to the privacy of individually identifiable health information.

HIPAA will require changes to the ways in which most DHMH business units conduct their operations. While some programs and procedures may be affected by only some of the HIPAA reforms (for example, those related to electronic data interchange requirements for health care transactions and code sets), nearly all DHMH units will be affected by the changes necessary to comply with the regulations pertaining to the privacy and security of protected health information.

Compliance with these requirements will require project management assistance, IT resources (both hardware and software), and technical training for DHMH staff. This initiative provides resources necessary to achieve Department-wide HIPAA compliance and fully supports the strategy as outlined in MFR Goal 1.1e submitted by the Information Resources Management Administration (IRMA).

A. Executive Summary

The HIPAA Project Office (HPO), within IRMA's Project Management Office, works
to provide overall project management services and coordinate the variety of HIPAA compliance efforts taking place within DHMH. Because of the complexity of HIPAA requirements, the Health Information Coordinating Council formed the HIPAA Workgroup that has, in turn, created a Steering Committee and five HIPAA sub-workgroups to focus on specific areas within the HIPAA requirements. The HPO staff
is responsible for:

- Project Planning and Monitoring
- Coordination of all HIPAA Workgroup Activities
- Consultation and technical assistance to DHMH business units
- Awareness, Education and Training Services

1. Strengths & Challenges

Table 2. Business Function Strengths and Challenges

Business Function	Strengths	Challenges
Project Planning and Monitoring	Project management Staff experience Y2K experience	Staffing Diversely skilled DHMH staff Funding Compliance deadlines

Coordination of all HIPAA Workgroup Activities	Project management Staff experience	Diversely skilled DHMH staff Funding Compliance deadlines
Consultation and technical assistance to DHMH business units	Project management Staff experience	Diversely skilled DHMH staff Funding Compliance deadlines Infrastructure
Awareness, Education and Training Services	Project management Staff experience Training planning expertise	Diversely skilled DHMH staff Funding Compliance deadlines

B. Staff Resources

Table 1. Key Information Technology Staff

Business	Name	Title	Work Status
	Janet Freeze	Project Manager	Full-time
	Kelly Heilman	Project Assistant	Full-time
	Vacant (3)	Network Specialist II	Full-time

C. Environment

1. Principal Application

See IT Inventory for DHMH/Master IT inventory listing

2. IT Inventory

See IT Inventory for DHMH/Master IT inventory listing

3. Infrastructure

See IT Inventory for DHMH/Master IT inventory listing

D. Project Management

1. Project Management Approach

The HIPAA Project Office within the Information Resources Management Administration of DHMH has developed an action plan for implementation of HIPAA requirements that includes a breakdown of tasks, designation of responsible parties, and expected dates of completion. While the overall scheme of the Action Plan is stable, additional details will be added as the DHMH business units complete assessment activities and continue the implementation process. Modifications will also be required as DHHS continues to issue HIPAA implementation guidelines.

Task	Responsible Parties	Timeline
Assessment Activities: Document the current business process and systems environment	DHMH HIPAA Liaisons/staff of all DHMH business units: Programs Facilities Boards and Commissions Local Health Departments	FY 2001
Requirements Analysis: Analyze data system changes required to ensure HIPAA compliance	DHMH HIPAA Liaisons/staff of all DHMH business units: Programs Facilities Boards and Commissions Local Health Departments	FY 2002, Q1
Project Planning: Develop project management plan	DHMH HIPAA Liaisons and project management staff of affected DHMH business units: ProgramsFacilities Board and Commissions Local Health Departments	FY 2002, Q2
Implementation: Conduct systems remediation activities, education efforts, and testing	DHMH HIPAA Liaisons and project management staff of affected DHMH business units: Programs Facilities Board and Commissions Local Health Departments	FY 2002, Q2 through FY 2003, Q2

System maintenance: Maintain HIPAA compliance of systems and programs	Facilities	DHMH HIPAA Liaisons and project management staff of affected DHMH business units: Programs Board and Commissions Local Health Departments	Ongoing after FY 2003, Q2

2. Project Detail

See ITPR for HIPAA and Business Function Project Detail (Table 3).

Section	Title	Description
1.	Project Title	Health Insurance Portability and Accountability Act (HIPAA) Compliance
2.	Major Project	Yes
3.	Priority	1 = High
4.	Project Manager	Janet Freeze HIPAA Project Manager Program Manager I
5.	Project Team	Janet Freeze, 025687, $60,385 Kelly Heilman, 021699, $50,907 Vacant (3), CNS III, $150,000 Vacant, Grade 16, $44,136
6.	Project Description	Overall project management services and coordination of various HIPAA compliance efforts taking place within DHMH
7.	Business Plan Number	1
8.	Vendor(s)	Undetermined
9.	Implementation Strategy	Development FY02-FY03 Operations and maintenance FY03and thereafter Enhancement FY03 and thereafter Retirement N/A
10.	Description of requirements and associated funds	Project management assistance, IT resources (both hardw are and software), and technical training for DHMH staff
11.	Linkage to Statewide ITMP	
12.	Linkage to Statewide MFR	MFR Goal 1.1e submitted by the Information Resources Management Administration (IRMA)
13.	Current Phase of the Project	Development
14.	Current Status of the Project	Current and ongoing
15.	On-Time, On-Spec, On-Budget	Project is On-TSB

16.	Major Scope Change	Undetermined – awaiting additions and modifications to federal regulations
17.	Other Issues	Possible modifications to federal regulations could impose more costly compliance requirements
18.	Litigation	NA
19.	Measuring Results	Satisfaction measured by achieving compliance on or before federally mandated deadlines
20.	List of Other Projects impacted by this Project	All projects underway for HIPAA compliance at the DHMH business unit level (local health departments, all internal DHMH units with HIPAA covered-entity status.

Agency Business Plan # 2
Egovernment
Information Resources Management Administration

A. Executive Summary

The "Maryland eGovernment Initiative" is a multi-year project that establishes an aggressive timeline for every State Agency to transition government services to a web or other electronic environment. The goals of the initiative are ambitious - 50% of DHMH's information and services to be on the web or other electronic environment by the end of 2002, 65% by the end of 2003, and 80% by the end of 2004.

To date, most of DHMH's units have done an inventory of all their business functions, determining which functions can be web enabled, and are developing project plans to manage the conversion process. The inventory of possible DHMH eGovernment functions is on DBM's ITAC Inventory Web Site.

1. Strengths & Challenges

Table 2. Business Function Strengths & Challenges

Business Function	Strengths	Challenges
Administration	**Knowledge of ITAC Inventory, DHMH eGov Web Site, eGov Reports**	**Staffing Funding**
Interactive Web Training	**None yet**	**Funding Which server to select ?**

B. Staff Resources

Table 1. Key Information Technology Staff

Business Function	Name	Title	Job Class / PIN	Support Work Status
Administration	Jack Bonney	DP Prog/Analyst Supervisor	#4472 / 015490	Full Time
Wrote DHMH eGov Initiative Document, DBM ITAC Inventory And Reports				
	Linda Neeley	Administrative Specialist II	#1756 / 025606	Full Time
DHMH eGov Web Site, Key Year Enabled Data				

C. Environment

1. Principal Applications
   DHMH's Web Software is Solaris 2.8. The Web Operating System is Apache Unix. The Web Server is Ultra Sparc 10.

2. IT Inventory
   See DHMH IT Inventory

3. Infrastructure
   See DHMH Network Architecture

D. Project Management

1. Project Management Approach
   The major goal of the eGovernment Initiative is to have 50 % of DHMH's services and information to be on the web or some other electronic environment by the end of the calendar year of 2002, 65 % by the end of calendar year 2003, and 80 % by the end of calendar year 2004.
2. Project Detail
   :

Table 3. Business Function Project Detail
Section Title Description

1. Project Title : eGovernment Initiative
2. Major Project : Yes
3. Priority : High
4. Project Manager :
5. Project Team : Jack Bonney, Linda Neeley, DHMH IT coordinators
6. Project Description : Maintaining an inventory of all their business functions, determining which functions can be web enabled, and are developing project plans to manage the conversion process. The inventory of possible DHMH eGovernment functions is on DBM's ITAC Inventory Web Site.
7. Business Plan Number – 2
8. Vendor(s)
9. Implementation Strategy (FY2003 to FY2007)
   50 % - Services & Information - Web Enabled/Electronic - end of 2002
   65 % - Services & Information - Web Enabled/Electronic - end of 2003
   80 % - Services & Information - Web Enabled/Electronic - end of 2004
10. Description of requirements and associated funds
11. Linkage to Statewide ITMP
12. Linkage to MFRs
    FY 2003 Managing For Results
    Goal 2 - Improve the ease of access to and availability of DHMH information.
    Objective 2.1 - By June 30, 2003, assist DHMH in meeting its goal to have public information and services available electronically.

Strategy - Facilitate technical, logistical and operational support for DHMH compliance with the eGovernment initiative.

Performance Measure 2.1.a - Measure Departmental eGovernment related workgroup accomplishments in relation to established plan.

Performance Measure 2.1.b - Percentage of business services and information provided online.

Output Measures:

	FY2000	**FY2001**	**FY2002**	**FY2003**
Progress Reports	N/A	N/A	12	12
Customer Surveys	N/A	N/A	4	4

Outcome Measure:

DHMH Progress

Measurement	N/A	N/A	4	4
Customer Satis-faction baseline	N/A	N/A	TBD	5 %

13. Current Phase of the Project
    Planning.
14. Current Status of the Project
    More than 1,500 DHMH eGovernment Inventory line items have been entered onto DBM's ITAC Inventory Web Site.
    In July, 2001, DBM was given a report of these 1,500 line items showing their Priority (High, Medium, or Low) and the planned year of Web Enablement.
    Additionally, DHMH has created reports which summarize the Inventory line items by Deputy Secretariat, and unit within the Deputy Secretariat.
15. On-Time, On-Spec, On- Budget (On-TSB)
16. Major Scope Change
17. Other Issues
18. Litigation – None known
19. Measuring Results – Customer satisfaction surveys are to be developed and measurements are needed to gauge
    Improved customer service
20. Projects Impacted – The way State Government does business is impacted by this initiative and all agencies are
    effected.

Measuring Results

Agency Business Plan #3
Hospital Management Information System
Information Resources Management Administration

A. EXECUTIVE SUMMARY- HOSPITAL MANAGEMENT INFORMATION SYSTEM (HMIS) DESCRIPTION:

The Hospital Management Information System is an integrated network of eight IBM (AS/400) mini computers supporting 11 Psychiatric inpatient facilities, 2 Domicile Care Units, 4 Developmental Disabilities facilities and 2 Chronic Care facilities. The number of facilities attached to each CPU ranges between one and four. Since 1988, the HMIS has implemented a partially distributed mini computer network environment that provides for a centralized billing module and distributed ADT/Census module at each facility as well as an integrated Pharmacy dispensing module starting in 1999. Since 1988, close to one billion dollars in revenue has been generated by the HMIS. On a daily

basis (usually at night) all census transactions from each facility are formatted and subsequently transmitted to the central office for processing with the statewide database used for centralized monthly billing cycles and statewide patient tracking. A recent merger of the HMIS application software vendor (AIMS INC.) with Creative Socio Medics (CSM) has raised several major issues and options to the Department. A whole range of options is available to DHMH. One option is to follow CSM's recommendation to migrate to CSM's Avatar product suite. The preliminary cost estimates range from 1 million to 3.5 million over the next three years. The first year involves a GAP study for $50,000 to assess what infrastructure changes would be required to migrate to the new system. On the other hand, another option would be for the Department to maintain (with in-house RPG programmers and assistance from a third party programming company such as DP Solutions Inc.) the existing Billing and Census modules and contract with AIMS for the Pharmacy module. Additionally, the department could buy the source code for the Pharmacy module and maintain the code in-house. Rough estimates for this option range up to $100,000 per year depending on various factors such HIPAA etc. and a one time purchase of the Pharmacy source code (cost unknown at this time).

One of the overall strategic goals of HMIS, (i.e., compliance with the Health Insurance Portability and Accountability Act (HIPAA) which would allow billing to continue without penalties) will be achieved via an external vendor (e.g., Extol) independent of the strategy chosen by the Department (CSM versus in-house/external programmers). Another strategic goal of the HMIS is improved patient care and will be achieved as a result of modernizing medical record/documentation functions for staff at the hospital treatment (hands-on) level.

The HMIS is broken into three direct functional areas and one indirect/independent area: 1) Programming and analysis, 2.) Systems operations and 3.) Administrative and planning functions and 4.) network technical support. Area 1) has three programmer analysts and one programmer analyst supervisor; area 2) has one system operator for the Central Office who is in the Operations Systems Division (OSD) of IRMA and the indirect area under network technical support is provided by the Information Technology Systems Division (ITSD) of IRMA.

1. Strengths and Challenges

Business Function **Strengths** **Challenges**

Programming for Billing, Census and Pharmacy - Three experienced programmers New technology

- Good customer relations

Database Mgt.

Changing user needs - Good track records

Administration

Funding

Management Support - In-depth experience

Network Support - Knowledge base
Staff resources

B. Staff Resources

Business Function:	Name	Title	Job Class/PIN	Support	Work Status
System/Prog. HMIS Pgm.	Arthur Blumenthal	- Supervisor	DP Super. 049480		Full Time
System/Prog. HMIS Pgm.	Michael Lohrmann	- Programmer	DP Pgr./Analyst		Full Time
System/Prog. HMIS Pgm.	James Jews	- Programmer	DP Prg./Analyst		Full Time
System/Prog. HMIS Pgm.	Dan Price	- Programmer	DP Prg./Analyst		Full Time
DP Manager Admin/plan	Tom Booker	- Manager	DP Manager 022529		Full Time

C. Environment

1.) Principle applications

- Billing, Census (ADT) and Pharmacy module programming as needed.
- Ad Hoc reporting for management

2.) IT Inventory

- AS/400 9406 model 170 (2) at 201 West Preston street, Baltimore Md. Purchased with general funds

- AS/400 9406 model 170 (1) at Spring Grove Hospital Center Wade Ave, Catonsville purchased with general funds

- AS/400 model 170 (1) at Springfield Hospital - Sykesville, Md. purchased with general funds.

- AS/400 model 170 (1) at Western Maryland Hospital, 1500 penn. Ave, Hagerstown, Md. Purchased with general funds.

- AS/400 model 170 (1) at Crownsville Hospital Center Crownsville, Md. Purchased with general funds.

- AS/400 model 170 (1) at Eastern Shore Hospital center woods road, Cambridge, Md. purchased with general funds.

- AS/400 model 9402 (1) at RICA Rockville, Surrats Rd. Rockville, Md. Purchased with general funds.

3.) Infrastructure

- Partially distributed network of eight AS/400 mid range computers supporting
  17 State operated Hospital Centers.

D. Project Management

Project Management is accomplished with MS Project 98, with emphasis on percent complete of tasks on work breakdown structure (WBS) as well as overall project, and is updated monthly on the DHMH intranet for management review.

Table 3. Business Function Project Detail
Section:

1. Project Title - Hospital Management Information System (HMIS).
2. Major Project = Y
3. Priority - High
4. Project Manager - Thomas Booker DP Manager.
5. Project Team - Arthur Blumenthal (pin 049480,grade 19, step 10)
   Michael Lohrmann (pin 065182 grade 17, step 9)
   James Jews (pin 015492 grade 17, step 1)
   Dan Price (contractual grade 17, step 3)

6. Project Description - HMIS is a centralized billing system for 17 State operated inpatient facilities.
7. Business Plan number - 3
8. Vendor - Advanced Institutional Management Software/Creative Socio Medics
9. Implementation Strategy - FY 03 operational maintenance, shift to in-house support and requirements analysis, FY 04 enhancement and maintenance, FY 05 Maintenance, FY06 Maintenance, FY 07 Retirement.
10. Requirements - FY03 2.1 million dollars for initial implementation of Clinical functions, requirements analysis, costs are based upon gross estimates using additive algorithm.
11. Linkage to ITMP - HIPAA compliance. Project is 'other' category.
12. Linkage to MFR - HIPAA compliance, revenue generation and clinical staff efficiencies.
13. Current Phase - Maintenance and planning for enhancements.
14. Current Status of the Project - Project is in midst of transition to in-support of Census and Billing modules.
15. ON-TSB - Yes since revenues are being generated and planning for HIPAA compliance is proceeding forward.
16. Major Scope Change - Migration to in-house support of Census and Billing modules.
17. Other Issues - Ability to obtain necessary funding and retaining technical support staff.
18. Litigation - none
19. Measuring results - Revenue reports should reflect continuing efficiencies gained by system.
20. Other Project Impacted - no direct impact but indirect impact on all 17 hospital centers.

Agency Business Plan #4
ED CP Network Administration
Community Health Administration

The Community Health Administration (CHA) seeks to protect the Health of the community by preventing and controlling infectious diseases, investigating disease outbreaks and environmental health issues and protecting the health and general welfare of the public from foods, substances and consumer products which may cause injury or illness. The program offices and local health departments will work together to accomplish this through community-based health assessment policy development and assurance of services.

The mission of the CHA is to work with CDC and the local health departments to improve the health of all Maryland residents by preventing communicable diseases, providing public health information, protecting the health and safety of the public through education and regulation, and communicating environmental effects on public health.

A. Executive Summary

Information Technology (IT) plays a very important role it obtaining the goals and objectives set forth in the MFR for our agency. The use of personal computers, the CHA Local Area Network, the DHMH Wide Area Network, the Internet and various databases are crucial to CHA. Without these tools the ability

of CHA to carry out its mission would be a daunting task. Our ability to perform our daily tasks is directly related to having access to these tools.

1. Strengths and Challenges

Business Function	Strengths	Challenges
EDCP-Network Administration	1. Network Support Staff 2. EDCP Local Area Network 3. Providing remote application services 4. Database management, design and implementation	1. Maintaining Network operational 100% 2. Obtaining new equipment & software 3. Maintaining qualified staff 4. Expanding capabilities of the Network services
Palm Pilot	1. New Project 2. Develop customized System	1. Obtaining Vendor 2. Development and implementation of application
OFPCHS-Network Administration	1. Network Support Staff 2. OFPCHS Local Area Network	1. Maintaining Network operational 100% 2. Obtaining new equipment & software 3. Maintaining qualified staff 4. Expanding capabilities of the Network

B. Staff Resources

Business Functio	Nam	Title	Job Class/P	*Support*

n	e		IN	
EDCP-Network Administration	Brian Winebrunner	Network Supervisor	CNS Supervisor 026623	CHA – EDCP Administration of Local Area Network, Staff, Support 80+ Network Users, Supervise Network Staff, support 100+ remote application users located statewide at local health departments, Design implement and maintain database systems and data collection applications for the purpose of Disease Surveillance, support the local implementations of the CDC-standard TB and STD patient management and reporting systems. Provide technical support for the design implementation and maintenance of the MD State Immunization Registry.
EDCP-Network Administration	Rick Bonito	Network Supervisor	CNS Supervisor 050506	CHA – EDCP Support 80+ Network Users Supervise Network Staff, support 100+ remote application users located statewide at local health departments, support the local implementations of the CDC-standard TB and STD patient management and reporting systems.

EDCP-Network Administration	Reenea Logan	Network Technician	CNS II 026751	CHA – EDCP Support 80+ Users, provide support the Rapid EDCP Surveillance Communications infrastructure web site, and the Rapid EDCP Surveillance Communications Infrastructure database Provide services as Web Coordinator for EDCP
EDCP-Network Administration	Vacant	Network Technician	CNS II 076984	CHA – EDCP Support 80+ Users, support the local implementations of the CDC-standard TB
Oracle programming	Vacant		Contractual	Support Immunization Project
Programmer	Vacant		Contractual	Support MERSS and STD Projects
OFPCHS-Network Administration and Palm Pilot	John Glauser	Network Administrator	CNS II 025406	CHA – OFPCHS Support 30+ Users Monitor and Interface with Vendor that is awarded contract to develop Palm Pilot project

C. Environment

A. EDCP Network Administration

1. Principle Application

- Oracle 8I Database and Application Servers supporting the Maryland Immunization Registry
- Sybase 5.5 database supporting TIMS the Tuberculosis Information Management System developed in FoxPro
- Citrix Terminal Server providing remote access to MERSS the Maryland Electronic Reporting and Surveillance System developed in MS Access
- STDMIS
- Network and Internet access for 80+ Users
- Support 100+ remote application users located statewide at local health departments
- Novell 5.1 Network Operating System
- Novell GroupWise 5.5 E-Mail System
- Microsoft 2000 Server Operating System
- Word Perfect, Lotus, Microsoft Office Suite Professional, Rumba, Microsoft Project, Microsoft FrontPage, Netscape, Adobe, Arcview and SAS.

2. IT Inventory

- Personal Computers – **78** (Compaq, Dell, Acer, Austin)
- Personal Printers –**0**
- Laptops – **15** (Compaq, Toshiba, Dell, Tecra)
- Network Servers – **7** (Compaq Proliant, Dell)
- Network Printers – **10** (Hewlett Packard)

Location: **DHMH Complex, 201 West Preston Street, Baltimore, Md. 21201**

3. Infrastructure:

The CHA Network and all PCs reside on the DHMH Wide Area Network infrastructure

As well as direct dial-in facilities.

B. Palm Pilot

1. Principle Application

2. IT Inventory

3. Infrastructure

All specifications for the Palm Pilot project will be finalized after selection of Vendor.

C. OFPCHS Network Administration

1. Principle Application

- Network and Internet access for 30+ Users
- Novell 5.1 Network Operating System
- Novell GroupWise 5.5 E-Mail System

2. IT Inventory - 6 St. Paul Location

- Personal Computers – **29** (Compaq, Dell, Acer)
- Personal Printers – **1** (Panasonic)
- Laptops – **21** (Compaq, Toshiba, Dell)
- Network Servers – **2** (Compaq Proliant, Dell)
- Network Printers – **4** (Hewlett Packard)

Location: Schaefer Building, 6 St Paul St., Baltimore, Md.

2. IT Inventory – Hagerstown Office

Personal Computers – **3** (Dell)
Network Printer – **1** (Hewlett Packard)
Network Servers – **1** (Compaq Proliant)

Location: **Hagerstown Airport Complex, Hagerstown, Md.**

3. Infrastructure

The OFPCHS Network and all PCs reside on the DHMH Wide Area Network infrastructure.

D. Project Management

1. Project Management Approach

2. Project Detail

Title	Description
Project Title	EDCP-Network Administration
Major Project Y/N	Y
Priority	1
Project Manager	Brian Winebrunner Computer Network Specialist Supervisor
Project Team	Brian Winebrunner, 026623, $62,801 Richard Bonito, 050506, $64,029 Reenea Logan, 026751, $43,729 Vacant, 076984, $43,000 Vacant contractual $100,000 Vacant contractual $100,000
Project Description	Network administration and support of the EDCP Local Area Network PC support for 80+ users; support 100+ remote application us located statewide at local health departments; Design, implem maintain and enhance database systems and data collection applications for the purpose of Disease Surveillance, support implementations of the CDC-standard TB and STD patient management and reporting systems. Provide technical suppor design implementation and maintenance of the MD State Immunization Registry.
Business Plan Number	4a
Vendor	N/A

Implementation Strategy	FY2003 - Maintenance of Network, E-mail System, , Improve Network Capabilities, maintenance and enhancemer database systems and data collection applications, developme web based application delivery systems. FY2004 – FY2007 - Maintenance of Network, Upgrade Opera system And Software as required Operating System, Replace Servers needed, Improve Network Capabilities, maintenance and enhancement of database systems and data collection applica development of web based application delivery systems.
Description of Requirements	Network Servers, OS Application and RAD software, 6 Staff, Operating for Network improvements and training for staff members.
Linkage to State Wide ITMP	Network, Information Access, Data, Security and Directory Se Groupware/Electronic Information, Platform, Accessibility, Sys Management, Componentware, Web enabled services
Linkage to MFR	Access to the distributed data systems housed at EDCP and t support provided by this project are essential components for accomplishment of the goals for the EDCP Program as outlined MFR
Current Phase of the Project	Project Planning – in process and ongoing Design – in process and ongoing Development – in process and ongoing Implementation- in process and ongoing Operation – in process and ongoing Maintenance- in process and ongoing Enhancement – in process and ongoing
Current status of the Project	Network is up and operational, E-mail system and Internet Ac working Network printing working, PC Support in progress. MERSS, T STDMIS operational. Immunization Registry in Development
On-Time, On-Spec On-Budget	The project is currently ON-TSB
Major Scope Changes	There is a need for Infrastructure improvements
Other Issues	Reliability and availability of DHMH WAN and internet acces
Litigation	
Measuring Results	The Network Administration is directly related to the 80+ EDC Network users and their ability to perform job duties and meet goals. Access to distributed data systems housed at EDCP m readily available to local health departments and other EDCP S located at remote sites statewide. Ongoing evaluation and ana these services and customer feedback expose weakness and a requiring improvement or modifications.
List other Projects impacted by this Project	All CHA-EDCP Projects, Office of Environmental Health

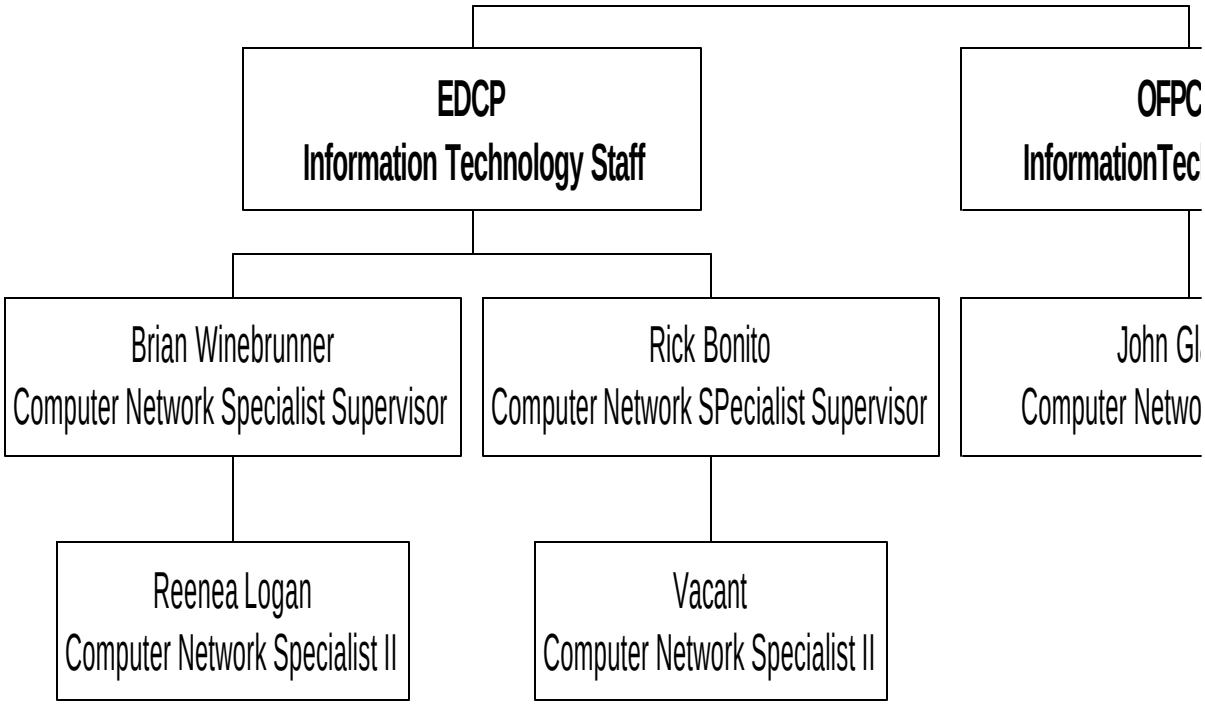
	Title	Description
	Project Title	Palm Pilot
	Major Project Y/N	Y
	Priority	1
	Project Manager	John Glauser
	Project Team	John Glauser, 026406, $56,100
	Project Description	Develop a system utilizing the handheld PC technolog with a Web based application. Facilitating a more effic process that our field workers and home office staff wi for licensing, tracking, inspection and reporting.
	Business Plan Number	4b
	Vendor	N/A
	Implementation Strategy	FY2003 - Maintenance of Network, Upgrade E-mail Upgrade System, Replace 1 server, Improve Network Capabilit FY2004 – FY2007 - Maintenance of Network, Upgrad Operating system And Software as required Operat System Replace Servers as needed, Impro Network Capabilities
	Description of Requirements	Hand help PC (Palm Pilots) , Web bases application in Customized reporting, tracking, licensing and inspecti application.
	Linkage to State Wide ITMP	Network, Information Access, Data, Security and Dire Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
	Linkage to MFR	
	Current Phase of the Project	Vendor Bidding in process.
	Current status of the Project	Vendor Bidding
	On-Time, On-Spec On-Budget	
	Major Scope Changes	
	Other Issues	
	Litigation	N/A
	Measuring Results	Improved productivity by customized application
	List other Projects impacted by this Project	

	Title	Description
	Project Title	OFPCHS-Network Administration
	Major Project Y/N	Y
	Priority	1
	Project Manager	John Glauser
	Project Team	John Glauser, 026406, $99,999
	Project Description	Network administration and support of the OFPCHS L Area Network PC support for 30+ Users
	Business Plan Number	4c
	Vendor	N/A
	Implementation Strategy	FY2003 - Maintenance of Network, Upgrade E-mail Upgrade System, Replace 1 server, Improve Network Capabili FY2004 – FY2007 - Maintenance of Network, Upgrad Operating system And Software as required Operat System Replace Servers as needed, Impro Network

		Capabilities
	Description of Requirements	Network Servers, Novell GroupWise E-mail software, Operating funds for Network improvements (For Fund ITPR)
	Linkage to State Wide ITMP	Network, Information Access, Data, Security and Dire Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
	Linkage to MFR	
	Current Phase of the Project	Project Planning – in process and ongoing Design – in process and ongoing Development – in process and ongoing Implementation- in process and ongoing Operation – in process and ongoing Maintenance- in process and ongoing Enhancement – in process and ongoing
	Current status of the Project	Network is up and operational, E-mail system and Inte Access working Network printing working, PC Support in progress
	On-Time, On-Spec On-Budget	The Network Administration is currently ON-TSB
	Major Scope Changes	There is a need for Infrastructure improvements
	Other Issues	Currently DHMH does not have a state of the art Com Room Facility
	Litigation	N/A
	Measuring Results	The Network Administration is directly related to the a of the 30+ OFPCHS Network users performing there jo duties and meeting MFR goals.
	List other Projects impacted by this Project	All CHA-OFPCHS Projects

Community and Administration

Network Services



M.F0203 COMMUNITY HEALTH ADMINISTRATION

PROGRAM DESCRIPTION

The Community Health Administration seeks to protect the health of the community by preventing and controlling infectious diseases, investigating disease outbreaks and environmental health issues, and protecting the health and general welfare of the public from foods, substances and consumer products which may cause injury or illness. Program offices and the local health departments accomplish this through community-based health assessment, policy development and assurance of services.

MISSION

The mission of the Community Health Administration is to work with local health departments to improve the health of all Maryland residents by preventing communicable diseases, providing public health information, protecting the health and safety of the public through education and regulation, and communicating environmental effects on public health.

VISION

The Community Health Administration envisions a future in which Maryland communities organize their efforts to address the public interest in health to prevent disease and promote health.

GOALS AND OBJECTIVES

Goal 1. To promote healthy behaviors, prevent infectious diseases, and ensure accurate public health surveillance.

Objective 1.1 By CY 2003, 85% of two-year-olds will have up-to-date immunizations.

Performance Measures	2000 Actual	2000 Estimated	2001 Estimated	2002 Estimated	2003
Outcome: % with up-to-date immunizations	82%	80%	85%	85%	

Objective 1.2 By CY 2003, the number of cases of vaccine-preventable communicable diseases reported in Maryland will be no more than the following.

Performance Measures	2000 Actual	2000 Estimated	2001 Estimated	2002 Estimated	2003
Outcome: Hepatitis A cases	214	230	230	250	
Outcome: Hepatitis B cases	135	150	170	170	
Outcome: Lyme Disease cases	685	900	750	750	
Outcome: Measles cases	0	2	0	0	
Outcome: Mumps cases	9	0	0	0	
Outcome: Pertussis cases	134	125	120	100	
Outcome: Polio cases	0	0	0	0	
Outcome: Rubella cases	1	0	0	0	
Outcome: Human Rabies cases	0	0	0	0	
Outcome: Tetanus cases	1	0	0	0	

Objective 1.3 During CY 2003, the Maryland rate of primary and secondary syphilis will decline by 10% from the preceding year.

Performance Measures	2000 Actual	2001 Estimated	2002 Estimated	2003 Estimated
Input: Number of cases reported	300	270	243	218
Outcome: Rate of primary/secondary syphilis (# cases/100,000 population)	5.7	5.1	4.6	4.1
Outcome: % decline	15%	10%	10%	10%

Objective 1.4 During CY 2003, the directly observed therapy (DOT) rate for tuberculosis cases will be at least 95%.

Performance Measures	2000 Actual	2001 Estimated	2002 Estimated	2003 Estimated
Input: Number of cases	283	265	258	255
Output: # treated with DOT	258	244	245	242
Output: % treated with DOT	91%	92%	95%	95%

Objective 1.5 By CY 2003, improve the quality of reporting communicable diseases, by reducing the percentage of missing data to below 20%.

Performance Measures	2000 Actual	2001 Estimated	2002 Estimated	2003 Estimated
Input: Number of reported cases	4,132	4,000	4,000	4,000
Outcome: % with missing data	23%	21%	19%	18%

Goal 2. To reduce or eliminate potential causes of preventable injuries/deaths associated with food-borne

contaminants, consumer products, summer camp facilities, swimming pools, and pollutants of the natural environment.

Objective 2.1 During FY 2003, respond to all reports of Possible Estuary Associated Syndrome (PEAS) made to

the Maryland PEAS Surveillance System, which meets the federal Centers for Disease Control and Prevention, protocols.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Input: Number of reports and inquiries received	276	136	200	200
Output: Number of reports and inquiries handled	276	136	200	200
Quality: % of reports and investigations handled in accordance with CDC protocols	100%	100%	100%	100%

Objective 2.2 During FY 2003, maintain a 100% response rate in accordance with established protocols for

managing public reports of disease clusters or adverse health outcomes that are associated with environmental factors.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Input: Number of reports received		N/A	8	40	40
Output: Number of reports handled		N/A	8	40	40
Quality: % of reports handled according to established investigation protocol		N/A	100%	100%	100%

M.F0203 COMMUNITY HEALTH ADMINISTRATION

Objective 2.3 During FY 2003, decrease the proportion of food firms inspected that receive an adverse rating.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Input: Number of food firms	1.019	1,035	1,035	
Output: Number of food firms inspected by the end of the licensing cycle.	2088	2,544	2,563	2,563
Quality: Number of food firms issued closure orders	4	4	5	5
Outcome: Number of food firms relicensed	944	1,004	1,004	

Objective 2.4 During FY 2003, decrease the proportion of milk/dairy farms inspected that received an adverse rating.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Input: Number of milk/dairy farms	805	766	750	750
Output: Number of milk/dairy farms inspected by the end of the licensing cycle.	3,353	3,500	3,500	3,500
Quality: Number of milk/dairy farms issued closure orders	92	85		80

Outcome: Number of milk/dairy farms relicensed	92	85	80	

Objective 2.5 During FY 2003, decrease the proportion of swimming pool facilities and summer camps that receive an adverse rating.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Input: Number of swimming pool facilities and summer camps	411	411	411	
Output: Number of swimming pool facilities and summer camps inspected by the end of the licensing cycle.	553	593	411	411
Quality: Number of swimming pool facilities and summer camps issued closure orders	9	9	9	
Outcome: Number of swimming pool facilities and summer camps relicensed	382	382	382	

Goal 3. To improve the overall health status of Maryland residents based upon indicators represented by, and reflected in, the collective public health program goals and objectives set out in Healthy Maryland 2010 Project.

Objective 3.1 By FY 2003, data related to at least ten health indicators from the Healthy Maryland Project 2010 Health Improvement Plan will be collected, analyzed and assessed on an ongoing basis to monitor progress toward goals and objectives for improved public and community health.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: Number of indicators analyzed	10	10	10	10
AIDS mortality	Yes	Yes	Yes	Yes

Cancer mortality, total			Yes	Yes	Yes			Yes				
Breast cancer mortality			Yes	Yes	Yes			Yes				
Lung cancer mortality		Yes	Yes	Yes			Yes					
Cardiovascular disease mortality			Yes	Yes	Yes			Yes				
Infant mortality		Yes	Yes	Yes			Yes					
Births to teenage females			Yes		Yes	Yes			Yes			
Incidence of gonorrhea			Yes		Yes	Yes			Yes			
Incidence of syphilis		Yes		Yes	Yes			Yes				
Incidence of tuberculosis				Yes		Yes			Yes			
Yes	Output: Number of indicators analyzed		10		10		10			10		

Agency Business Plan #5

Network Administration
Family Health Administration

The Family Health Administration (FHA) provides a wide variety of services and programs to help promote and maintain good health for the citizens of Maryland. As a result the health status of Marylanders is among the highest in the nation.

Our mission is to

- promote healthy behaviors of individuals, families and society through community-based interventions and partnerships,

- protect the health of at-risk and vulnerable populations through assuring access to quality treatment,

- collect and analyze data on illness, death and disability for developing effective health policy and program interventions,

- provide leadership and collaboration with local health departments, health networks and providers in assuring healthy communities across the State of Maryland.

E. Executive Summary

Information Technology (IT) plays a very important role it obtaining the goals and objectives set forth in the MFR for our agency. The use of personal computers, the FHA Local Area Network, the DHMH Wide Area Network, the Internet and various databases are crucial to FHA. Without these tools the ability of FHA to carry out its mission would be a daunting task. Our ability to perform our daily tasks is directly related to having access to these tools.

2. Strengths and Challenges

Business Function	Strengths	Challenges
Network	1. Network Support Staff	1. Maintaining Network operational 100%

	Administration	2. FHA Local Area Network	2. Obtaining new equipment & software 3. Maintaining qualified staff 4. Expanding capabilities of the Network
	Web Development	1. Web Development Staff 2. Web Servers	1. Meeting EGov/eMaryland mandates 2. Developing Transactional Web services 3. Maintaining qualified staff 4. Obtaining new equipment & software
	Maryland Primary Care	1. Dedicated Database Support 2. Utilization of an Oracle Database 3. Customized system.	1. Maintain application operational 100% 2. Enhancements and modifications to appli
	Infant Hearing	1. Qualified staff. 2. Development of a customized system	1. Develop Web based system collection of 2. Obtain a long term Contract for developm operation of a scanning system
	Newborn Screening Follow-up	1. Qualified Staff 2. Operational database	1. Incompatibility with LABS system 2. Enhancement of system 3. Development of a Web based system 4. Collection of data
	Sickle	1. Qualified staff 2. Development of a customized system	1. Enhancement of system 2. Development of a Web based system
	WIC-WINS		
	Financial Processing	Centralized database will allow daily updates of the financial data and automatic generation of many financial reports.	Verifying the accuracy of reported informa be a challenge during the initial implen phase.
	Vendor Management	The system will integrate vendor management with all system functions and automatically calculate peer group averages.	Different business rules for handling pee averages and price checks will requ procedures for the staff.
	Clinic Operations/Certification	The new system offers integrated on-line appointment scheduling, automated nutrition assessment tools and participant tracking mechanisms as well as on-demand benefit issuance, all of which will make the clinic experience more efficient and pleasant.	Training the WIC staff will require a lot and follow-up.
BCCP			
Systems Development, Data		1.Multi User Network Based Access	1.Training 2. Data Conversion

Collection, and Programming Services	2000/Visual Basic Application	
Colo-rectal Cancer Screen, Diagnosis and Treatment Systems Development, Data Collection, and Programming Services	1.Multi User Web Based Access 2000 Application	1. New staff hired 2. Training users
DxTx Systems Development, Data Collection, and Programming Services	1.Multi User Network Based Access 2000/Visual Basic Application	1.Training 2. Data Conversion
Data Entry		1. Duplicate data entry and verification

F. Staff Resources

Business Function	Name	Title	Job Class/PIN	Support
Network Administration	Robert J. Ellis Jr.	Network Manager	CNS Manager 022758	FHA ,CHA & CRFP Management of Local Area Network, Network Support Staff and Web Development Staff , Support 250+ Network users
Network Administration	Bemard Stok	Network Supervisor	CNS Supervisor 074438	FHA Support 250+ Network Users Supervise

		es			Network Staff
	Network Administration	Matt Wetherell	Network Technician	CNS II 077839	FHA & CRFP Support 250+ Users
	Network Administration	Vacant	Network Technician	CNS I Contractual	FHA Support 250+ Users
	Web Development	Megan Pulliam	Webmaster Supervisor	Webmaster Supervisor 026052	FHA Web Development and support Supervise Web Staff
	Web Development	Ozzi Celebi	Webmaster	Webmaster II 077808	FHA & CRFP Web Development and support
	Web Development	Doris Morse	Webmaster	CNS I Contractual	FHA Web Development and support
	Web Development	Vacant	Webmaster	CNS I Contractual	FHA Web Development and support
	Maryland Primary Care	Chandeep Sing	Support Specialist	DP Technical Support Specialist II, 080695	FHA – MPC Support and enhancement of Application
Infant Hearing		Henry Illecki	Chief Audiologist	Speech Pathologist Audiologist IV,076970	FHA – Genetics
	Infant Hearing	Jenn	Program	Speech Pathologis	FHA – Genetics

	y Cook	Audiologist	t Audiologist II,077811	
Newborn Screening Follow-up	Karen Funk	Coordinator of Newborn Screening Follow-up	Nursing Program Consultant/Administrator, 015848	FHA – Genetics
Sickle	Karen Funk	Coordinator of Newborn Screening Follow-up	Nursing Program Consultant/Administrator, 015848	FHA – Genetics

	Business Function	**Name**	**Title**	**Job Class/ PIN**	**Support**
	WIC – WINS Project Management Implementation/Program	Diane Aversa	Chief, Division of Financial and Data Management	Administrator III, 058823	
	Project Management System/ITS	John Connell	Chief, Division of Information	DP Programmer Analyst Supervisor, 027226 Adminis	

Financial Management	y	Systems	trator III, 058823
Program Management	Diane Aversa	Chief, Division of Financial and Data Management	Prgm. Admin. III Hlth Services, 058824
	Steve Tragesser	Assistant Director	
Vendor Management	James Butler	Chief, Program Compliance Unit	Admin. Officer III, 016447
System Operations	Deborah Morgan	Computer Information Services	CISS Supervisor, 058821
IT Operations		Specialist Supervisor Programmer	DP Programmer Analyst Spec Lead, 055154
System Support	Timothy		CNS II, 075494
Training	Bringardner	Network Specialist CISS	CISS I, 076977 CISS I, 076973
	Mark Woodruff	CISS Chief, User Training	Nutritionist IV,076972
	Nikki	Nutritionist Chief, Program Info. &	Nutritionist IV, 022353 Admin Officer III,

		Kidd Vicky Reck Paula Palmaisano Jackie Marlett-Boras Mary Dalvalle Gene Nadolny	Training Unit	058823
	BCCP Systems Development, Data Collection, and Programming Services	Jeff Silverman	BCCP Data Manager	DP Programmer Analyst Supervisor, 046332
		Vacant	BCCP Data Manager Assistant	DP Programmer Analyst II, 077842

Colo-rectal Cancer

Screen, Diagnosis and Treatment				
	Systems Development, Data Collection, and Programming Services	Carmela Groves	Chief Surveillance and Evaluation	Nursing Program Consultant, 056381
		Eugene Smalls		DP Functional Analyst, 015565
		Charles Annecillo	Database Administrator	Research Statistician, 077829
DxTx				
	Systems Development, Data Collection, and Programming Services	Jeff Silverman	Systems and Data Manager, Cancer Center HIPAA Coordinator	DP Programmer Analyst Supervisor, 046332
		Vacant	Systems Support Programmer	DP Programmer Analyst II, 077833
Data Entry		Thomas Williams	Office Clerk II	Office Clerk II – contractual
		Kim Wilson		Health Services Specialist II, 016591

G. Environment

A. Network Administration

2. Principle Application

- Network and Internet access for 250+ Users
- Novell 5.1 Network Operating System
- Novell GroupWise 5.5 E-Mail System
- Microsoft NT Server 4.0
- Norton Anti-Virus Version 7.5
- Microsoft Office Professional 97/2000
- Microsoft Windows 95/98/2000
- Oracle, Adobe, Lotus, Internet Explorer, Netscape

2. IT Inventory

- Personal Computers – **261** (Compaq, Dell, Acer)
- Personal Printers – **169** (Hewlett Packard and Lexmark)
- Laptops – **26** (Compaq, Toshiba, Digital and Perfect Notebook)
- Network Servers – 7 (Compaq Proliant)
- Network Printers – **32** (Hewlett Packard and Lexmark)

Location: **DHMH Complex, 201 West Preston Street, Baltimore, Md. 21201**

3. Infrastructure

The FHA Network and all PCs reside on the DHMH Wide Area Network infrastructure.

B. Web Development

1. Principle Application

- Web design, maintenance, administration and support
- Linux, Cold Fusion

2. IT Inventory

- Web Servers – **3** (Compaq Proliant)

Location: **(2) Servers - DHMH Complex, 201 West Preston Street, Baltimore, Md. 21201**

(1) Server - Maryland State Archives, 350 Rowe Blvd., Annapolis, Md. 21401

3. Infrastructure

(2) Web Servers reside on the DHMH Wide Area Network infrastructure.

(1) Web Servers reside on the Maryland State Archives Wide Area Network infrastructure.

C. WIC - WINS

1. Principle Application

- WIC – WINNS Custom designed Application/System
- Windows NT Server, Oracle, Visual Basic

2. IT Inventory

- Servers – 6 (Dell)

Location: **All Servers - DHMH Complex, 201 West Preston Street, Baltimore, Md. 21201**

3. Infrastructure

All Servers reside on the DHMH Wide Area Network infrastructure.

H. Project Management

3. Project Management Approach

4. Project Detail

	Title	Description
	Project Title	Network Administration
	Major Project Y/N	Y
	Priority	1
	Project Manager	Robert J. Ellis Jr
	Project Team	Robert J. Ellis Jr, 022758, $66,456 Bernard Stokes, 074438, $43,823 Matt Wetherell, 077839, $42,845 Vacant, Contractual, $35,822
	Project Description	Network administration and support of the FHA Local Network

			PC support for all of FHA (250+ Users)
		Business Plan Number	5a
		Vendor	N/A
		Implementation Strategy	FY2003 - Maintenance of Network, Upgrade E-mail Upgrade System, Replace 1 server, Improve Network Capabilit FY2004 – FY2007 - Maintenance of Network, Upgrad Operating system and Software as required Operati System Replace Servers as needed, Impro Network Capabilities
		Description of Requirements	Network Servers, Novell GroupWise E-mail software, 4 Maintenance contract on Servers, Operating funds for Network improvements (For Funding see ITPR)
		Linkage to State Wide ITMP	Network, Information Access, Data, Security and Dire Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
		Linkage to MFR	
		Current Phase of the Project	Project Planning – in process and ongoing Design – in process and ongoing Development – in process and ongoing Implementation- in process and ongoing Operation – in process and ongoing Maintenance- in process and ongoing Enhancement – in process and ongoing
		Current status of the Project	Network is up and operational, E-mail system and Inte Access working Network printing working, PC Support in progress
		On-Time, On-Spec On-Budget	The Network Administration is currently ON-Time and Budget
		Major Scope Changes	There is a need for Infrastructure improvements
		Other Issues	Currently DHMH does not have a state of the art Com Room Facility
		Litigation	N/A
		Measuring Results	The Network Administration is directly related to the a of 250+ FHA Network users performing there jobs du and meeting MFR goals. Having the Network available of the time.
		List other Projects impacted by this Project	All FHA Projects

	Title	Description
	Project Title	Web Development
	Major Project Y/N	Y
	Priority	1
	Project Manager	Megan Pulliam
	Project Team	Megan Pulliam, 026052, $59,838 Ozzi Celebi, 077808, $41,248 Dories Morse, Contractual, $37,202 Vacant, Contractual, $35,822
	Project Description	Web Design, maintenance, administration and support FHA
	Business Plan Number	5b
	Vendor	N/A
	Implementation Strategy	FY2003 - Continued efforts to meet the Maryland EGO initiative, Ongoing development, maintenance, implementation and Administration of FHA's Web Sites and pa FY2004 – FY2007 - Continued efforts to improve and develop FHA's Web Site, pages, applications and services on the Internet. Purchase additional equipment as needed.
	Description of Requirements	Web Servers, Web Development Software, 4 Staff
	Linkage to State Wide ITMP	Network, Information Access, Data, Security and Dire Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
	Linkage to MFR	
	Current Phase of the Project	Project Planning – in process and ongoing Design – in process and ongoing Development – in process and ongoing Implementation- in process and ongoing Operation – in process and ongoing Maintenance- in process and ongoing Enhancement – in process and ongoing
	Current status of the Project	Web Servers are up and operational, Web site and pag Development, design, modification and implementatio going and in progress.
	On-Time, On-Spec On-Budget	The Web Development is currently On-Time and On-B
	Major Scope Changes	There is a need for Infrastructure improvements , and a

		redundant link to the Internet
	Other Issues	Currently DHMH does not have a state of the art Com Room Facility
	Litigation	N/A
	Measuring Results	The Web Development is directly related to the ability provide information and services for FHA to the Inter community. Which helps FHA to meet the MFR goals
	List other Projects impacted by this Project	All FHA Projects

	Title	**Description**
	Project Title	Maryland Primary Care
	Major Project Y/N	Y
	Priority	1
	Project Manager	Chandeep Sing
	Project Team	Chandeep Sing, 080695, $42,000
	Project Description	The Maryland Primary Care system maintains an Oracl database of MPC recipients, providers and intake form The system is used to approve or reject applications t Program, generate reports for tracking recipients and providers, and for determining payments to those prov
	Business Plan Number	5c
	Vendor	Computer Science Corporation
	Implementation Strategy	The system is fully operational and being maintained
	Description of Requirements	Hardware: Compaq 7000 Database Server Compaq 1600 Application Server

		Gauntlet firewall Cisco AS5300 Access Server Software: Oracle 8I Standard Edition Oracle Enterprise Developer Suite 2.1 for NT Staff: DP Technical Support Specialist II Licenses: 10 Oracle User Licenses Support: Product Support from Oracle for 8I Database Enterprise Developer Suite
	Linkage to State Wide ITMP	Network, Information Access, Data, Security and Dire Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
	Linkage to MFR	Objective 1.5: During FY2003, the Maryland Primary C Program average monthly enrollment will be maintaine less than 7,000. Strategy 1.5.1: Continue working with program provid Outreach efforts to those in need. Program performance: Outreach efforts in this vulnera target population will lead to a continuing increase in program enrollment. This objective could not be met w the MIS as it is critical in speedy and steady enrollmer recipients. The Providers also use the system to acces outreach populations that may be eligible for the prog and to keep track of the status of enrolled recipients.
	Current Phase of the Project	The project is in operation and in maintenance current Enhancements may be made to the project in the futur need arises.
	Current status of the Project	Operational, Application modifications in process
	On-Time, On-Spec On-Budget	Project is On-Time and On-Budget
	Major Scope Changes	None
	Other Issues	The implementation of HIPAA may necessitate chan MPC system to ensure compliance with its provisions.
	Litigation	N/A
	Measuring Results	Increased accessibility to the application, access to ac recipient data and shorter turn-around period for paym monthly bills are the performance indicators that provi to express their satisfaction. The level of satisfac has constantly improved since the project was first implemented, as expressed by the users.
	List other Projects impacted by this Project	None

	Title	Description
	Project Title	Infant Hearing
	Major Project Y/N	Y
	Priority	1
	Project Manager	Henry Ilecki
	Project Team	Henry Ilecki, 076970 ,63,415 Jenny Cook,077811, 45,902
	Project Description	Hearing screening data collection from all Maryland bi hospitals on each baby born in that hospital. Collectio repeat screening data on each baby failing the hospita screen and confirmatory data on each baby failing the screening. Parents and primary care providers are notif each baby's screening results in the initial and repeat screening process. State initiated follow-up of those babies not receiving reported in the recommended window for early hearing intervention. Date will be collected for speech and lan development in early childhood on those children conf with a hearing loss.
	Business Plan Number	5d
	Vendor	Vector Software, Document Technologies, OZ
	Implementation Strategy	System implemented for scanning. Development and implementation of Web Base system planned for FY20 FY2003 Long-range development and modification wil place through FY2006.
	Description of Requirements	
	Linkage to State Wide ITMP	Network, Information Access, Data, Security and Dire Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
	Linkage to MFR	*MFR Objective 1.7* During FY 2003, the number of infants born in Maryland screened fo Impairment will be at least 85%.
	Current Phase of the Project	Implemented, developing and planning future needs
	Current status of the Project	A system has been implemented to collect data from a scannable form. Modification of the system in ongoin vendor has been selected on a short term contract to s verify data. Seeking long term contract. Grant applicat written and submitted for funding of Infant Hearing pr for further development of data collection and reportir system.
	On-Time, On-Spec On-Budget	NO
	Major Scope Changes	Submission of data electronically. Develop Web base system.
	Other Issues	Funding both at the state and federal levels. Obtaining term contract for scanning. Implementation of Web ba system for data collection.

	Litigation	N/A
	Measuring Results	Increase the percentage of infants screened. All childr failing hearing screening will be followed to diagnosis, normal repeat screening or confirmed diagnosis. Aggr and statistical data will be available for national and in reports.
	List other Projects imp acted by this Project	

Title	Description
Project Title	Newborn Screening Follow-up
Major Project Y/N	Y
Priority	1
Project Manager	Karen Funk
Project Team	Karen Funk, 015848, 68,970
Project Description	Tracking babies with abnormal newborn screening results to co of a normal repeat screen, normal quantitative whole blood labo results, or confirmed diagnosis of a disorder. All babies with abn newborn screening results reported to OGCSHCN will be follow to a conclusion of repeat screen normal, whole blood laboratory normal, confirmed diagnosis or lost-to-follow-up. Aggregate statistics will be provided on the Newborn Screening Tracking Systems.
Business Plan Number	5e
Vendor	Vector Software
Implementation Strategy	On-going maintenance and new data fields, queries, and reports needed
Description of Requirements	ACCESS programming; ability to work with very old DOS progra (Clipper); SQL backend programming and maintenance
Linkage to State Wide ITMP	Network, Information Access, Data, Security and Directory Serv Groupware/Electronic Information, Platform, Accessibility, Syste Management, Componentware
Linkage to MFR	All babies with abnormal newborn screens reported to OGCSHC be followed-up to a conclusion of repeat screen normal, whole b

	laboratory studies normal, confirmed diagnosis or lost-to-follow
Current Phase of the Project	Evaluation and Revision
Current status of the Project	Microsoft Access database has been developed, implemented a operational. Currently working on a plan to develop a backend i system using SQL. Modification to the database to add 22 addit disorders that will require the addition of new fields, queries and reports.
On-Time, On-Spec On-Budget	YES
Major Scope Changes	Addition of 22 disorders. This will require new fields for the labo results and demographic (clinical) data. New queries for aggrega statistics. New reports and letter mergers related to the new diso
Other Issues	
Litigation	N/A
Measuring Results	Aggregate data can be obtained and presented when requested. and/or reports can be generated when needed on selected babie
List other Projects impacted by this Project	Hemoglobinopathies Follow-up (Sickle), Nutritional Follow-up (CHUM), Birth Defects (BDRIS), Newborn Screening (NSS – Laboratories Administration program; OGCSHCN provides aggr data for national and in-house reports)

	Title	Description
	Project Title	Sickle
	Major Project Y/N	Y
	Priority	1
	Project Manager	Karen Funk
	Project Team	Karen Funk,015848, 68,970

			Adi Bello,026485, 61,007 Marcia Diggs,075493, 33,123
		Project Description	Tracking babies with abnormal hemoglobins as identif through Newborn Screening. Babies with a sickling di are tracked for outcome data for five years. All babies sickling disorder will be tracked from 0-5years of age. I child will be provided with a nursing home visit to edu parent regarding the disorder and interventions to pre sequelea. All children's progress will be tracked throu primary pediatrician annually. Aggregate data and sta will be provided for national and in-house reports.
		Business Plan Number	5f
		Vendor	Vector Software
		Implementation Strategy	On-going maintenance and expansion of the program become a paperless/chartless follow-up program.
		Description of Requirements	Creation of an application with links to other OGCSHC program data.
		Linkage to State Wide ITMP	Network, Information Access, Data, Security and Dire Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
		Linkage to MFR	All children identified with a sickling disorder through Newborn Screening will have an initial nursing home v assessment of needs and education about the sickling Outcome data will be collected on all children, 0-5 year age, with a sickling disorder.
		Current Phase of the Project	Evaluation, revision and expansion of data collected.
		Current status of the Project	Microsoft Access database has been developed and i functional. In the process of modifying the database t data regarding outcome.
		On-Time, On-Spec On-Budget	YES
		Major Scope Changes	Each child's annual laboratory data and sickle related need to be added to the database. This will require cha reports to pediatricians. The development of new quiri evaluation of the effectiveness of sickle cell care proto will be needed.
		Other Issues	
		Litigation	N/A
		Measuring Results	More extensive data will be available for evaluation of intervention for children with sickling disorders.
		List other Projects impacted by this Project	

	Title	Description
	Project Title	WIC WINS (WIC Windows Integrated Nutrition System)
	Major Project Y/N	Y
	Priority	1
	Project Manager	John Connelly –Development, Diane Aversa –Implementation
	Project Team	WIC WINS Steering Committee - Diane Aversa, Joan Salim, Steve Trageser, John Connelly, Deborah Morgan, Connie Webster, Carol Bass, Cheryl Bruce, Sally Clopper, Mary Noppenberger
	Project Description	Automation system for the Maryland WIC program to allow clinic users to schedule appointments, certify participants and issue benefits (food checks). The system also includes vendor management and financial management components for use by the State office.
	Business Plan Number	5g
	Vendor	Lockheed Martin Corporation
	Implementation Strategy	The servers have already been installed in the State Office building. The clinic computers will be installed in approximately 80 clinics statewide starting in October (following a Pilot test) and finishing in June 2002. Dell Computers will be enlisted to assist in the computer installations.
	Description of Requirements	Six servers at the central state agency running Windows NT (PDC, BDC, primary App & Data servers, backup App & Data servers), DHMH/State network connectivity to the clinics where PC's running Windows 98 and laser printers connect via TCP/IP to the central servers.
	Linkage to State Wide ITMP	Network, Information Access, Data, Security and Directory Services, Groupware/Electronic Information, Platform, Accessibility, System Management, Componentware
	Linkage to MFR	
	Current Phase of the Project	Acceptance Test.
	Current status of the Project	Currently finishing Acceptance Test. Pilot Testing

		scheduled to begin 7/30.
	On-Time, On-Spec On-Budget	The project is on time and on budget based upon the task order amendments that have been applied to the original task order master agreement.
	Major Scope Changes	N/A
	Other Issues	N/A
	Litigation	N/A
	Measuring Results	N/A
	List other Projects impacted by this Project	N/A

	Title	**Description**
	Project Title	Center for Cancer, Breast and Cervical Cancer Screeni (BCCP)
	Major Project Y/N	Y
	Priority	1
	Project Manager	Jeff Silverman, DP Programmer Analyst Supervisor
	Project Team	Jeff Silverman, DP Programmer Analyst Supervisor, D

			Gugel BCCP Program Manager, Doug Kaplan, BCCP Epidemologist, Vacant,DP Programmer Analyst II
		Project Description	Cancer Screening Software for Windows – A PC & Ne based database management system for the Statewide Maryland Breast and Cervical Cancer Screening Progra operated de-centrally from DHMH by the 24 Local He Departments, managed centrally by DHMH, and fund Federal and State General funds.
		Business Plan Number	5h
		Vendor	Verizon/ISN
		Implementation Strategy	Fully implemented by FY 03.
		Description of Requirements	Network Based Multi-user Data entry and program management software
		Linkage to State Wide ITMP	
		Linkage to MFR	
		Current Phase of the Project	Development Phase
		Current status of the Project	60% complete
		On-Time, On-Spec On-Budget	Contract is being extended due to behind in schedule.
		Major Scope Changes	Scope of work has increased, but budgeting has been provided, contract and schedule has been extended.
		Other Issues	HIPAA Compliance will be main focus in FY 02 and FY
		Litigation	N/A
		Measuring Results	
		List other Projects impacted by this Project	N/A

	Title	**Description**
	Project Title	Center for Cancer, Colo-rectal Cancer Screening, Diag and Treatment
	Major Project Y/N	Y
	Priority	1
	Project Manager	Carmela Groves, Chief Surveillance & Evaluation (CRF
	Project Team	Carmela Groves, Chief Surveillance & Evaluation (CRF Eugene Smalls, DP Functional Analyst, Charles Annec Research Statiscian
	Project Description	This Colo-rectal Cancer Screening software will be use track patients who are screened, diagnosed, and treate colo-rectal cancer via the Local Health Department pro
	Business Plan Number	5i

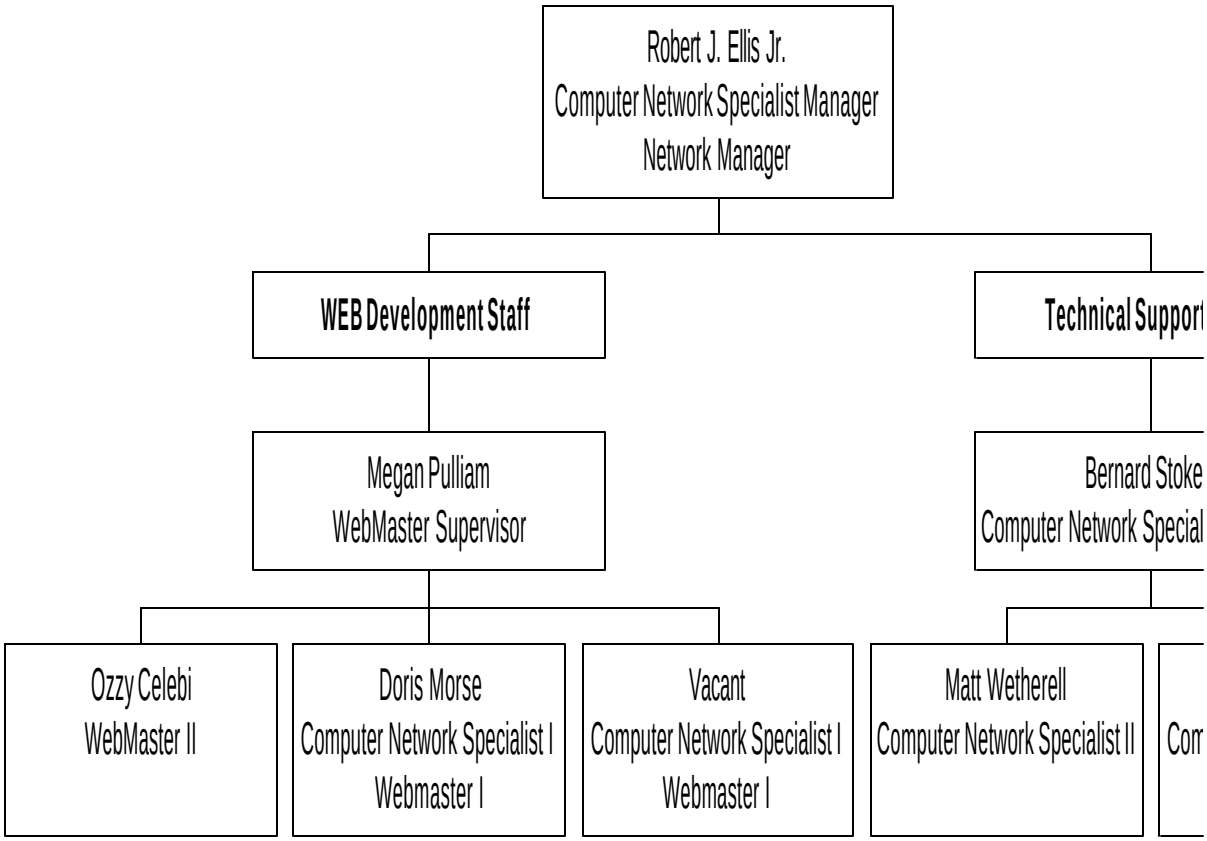
	Vendor	N/A
	Implementation Strategy	Planning and implementation FY02-03
	Description of Requirements	Access database, web enabled
	Linkage to State Wide ITMP	
	Linkage to MFR	
	Current Phase of the Project	Project Planning, design and development
	Current status of the Project	New staff has been hired recently. This project is in th planning and design phase.
	On-Time, On-Spec On-Budget	On time
	Major Scope Changes	Scope of this project includes developing a Web enab Access database application including tables and relationships, reports, queries,
	Other Issues	HIPAA compliance issues will be main Focus in FY 03
	Litigation	N/A
	Measuring Results	
	List other Projects impacted by this Project	N/A

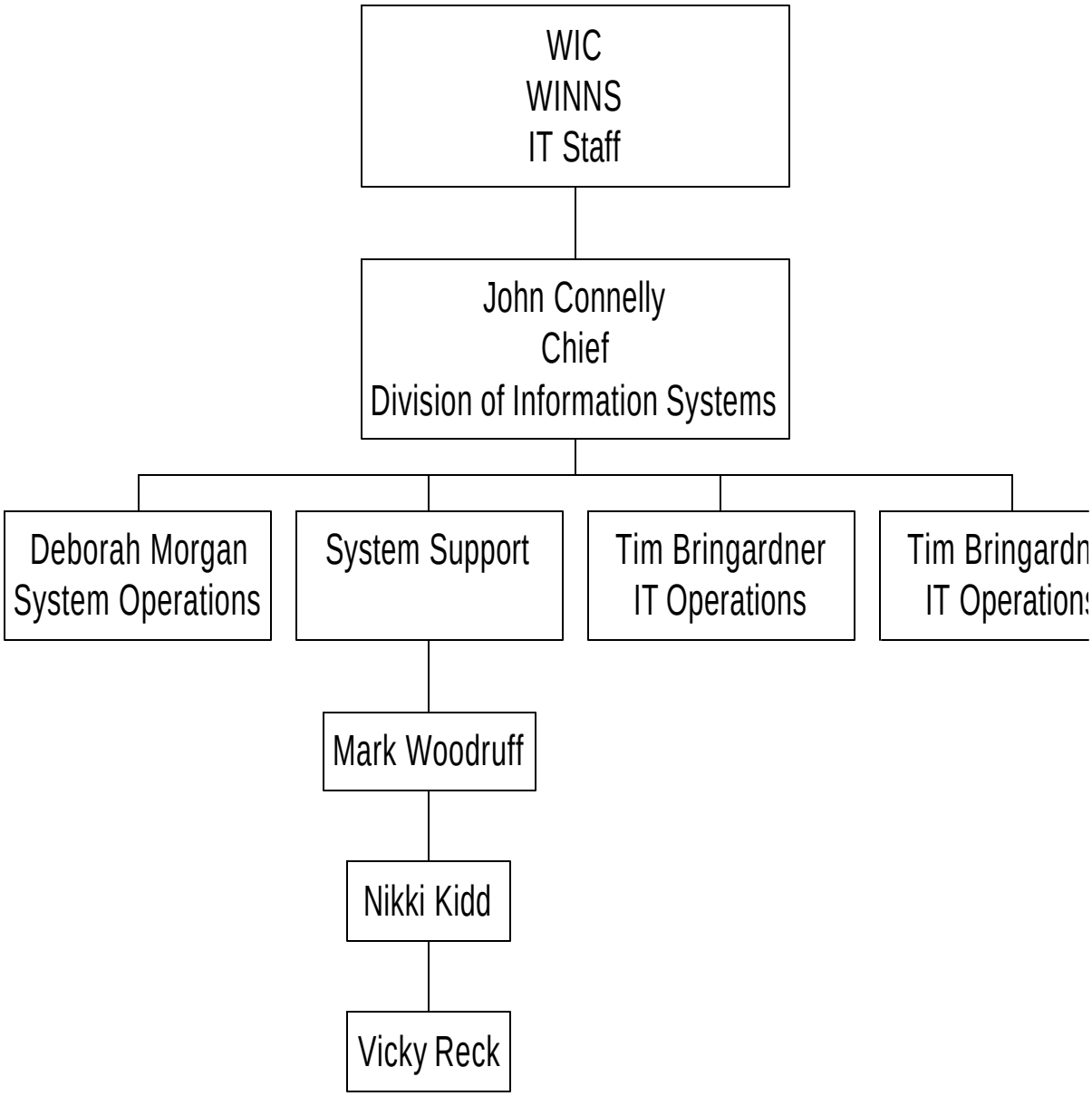
	Title	**Description**
	Project Title	Center for Cancer, Breast and Cervical Cancer Diagno Treatment (DxTx)
	Major Project Y/N	Y
	Priority	1
	Project Manager	Jeff Silverman, DP Programmer Analyst Supervisor
	Project Team	Jeff Silverman, DP Programmer Analyst Supervisor, Pa Mulkey, Program Manager, Vacant, DP Programmer Analyst II, Sam Allen, Lead A
	Project Description	Mainframe Billing/Claims Processing System – A Mair Billing/Claims Processing Systems used to process cla patients enrolled in the Diagnosis and Treatment

			Program, operated and managed centrally in DHMH, f via State General funds Automated Pharmacy Claims Processing and HIPAA compliance issues
		Business Plan Number	5j
		Vendor	N/A
		Implementation Strategy	HIPAA implementation in FY 03, Pharmacy claims in F
		Description of Requirements	Mainframe project
		Linkage to State Wide ITMP	
		Linkage to MFR	
		Current Phase of the Project	Implemented, Maintenance, Planning for HIPAA and Pharmacy Claims
		Current status of the Project	Mainframe Billing/Claims Processing System 100%
		On-Time, On-Spec On-Budget	Contract is being extended due to behind in schedule.
		Major Scope Changes	Scope of work is increasing for systems maintenance, compliance and Pharmacy claims processing
		Other Issues	Automated Pharmacy Claims Processing and HIPAA compliance issues will be main Focus in FY 02 and FY 03, MA/BCCP MERGER – Trac and Follow-up reporting
		Litigation	N/A
		Measuring Results	
		List other Projects impacted by this Project	N/A

Family Health Administration

Network Division




WIC
WINNS
IT Staff
John Connelly
Chief
Division of Information Systems
Deborah Morgan
System Operations
System Support
Tim Bringardner
IT Operations
Tim Bringardn
IT Operations
Mark Woodruff
Nikki Kidd
Vicky Reck

M.F0302 FAMILY HEALTH ADMINISTRATION

PROGRAM DESCRIPTION

The Family Health Administration seeks to assure the availability of quality health services to individuals and their families in Maryland, with a special emphasis on at-risk and vulnerable populations including children. In so doing, the Administration aims to prevent and control chronic diseases, prevent injuries, provide public health information and promote healthy behaviors.

MISSION

The mission of the Family Health Administration is to protect, promote, and improve the health and well being of individuals and their families.

VISION

The Family Health Administration envisions a future in which all individuals and their families enjoy optimal health and well being.

GOALS AND OBJECTIVES

Goal 1. To improve the health status of individuals and families by assuring the provision of quality primary, preventive and specialty care services.

Objective 1.1 By CY 2010, the infant mortality rate will be no more than 7 per 1,000 live births for all races and 13 per 1,000 live births for African-Americans.

Performance Measures	1995 Actual	1999 Actual	2000 Estimated	2010 Estimated
Outcome: **Infant mortality rate for all races**	8.7	8.3	8.0	7.0
Outcome: **Infant mortality rate for African-Americans**		15.3	14.6	15.0	13.0

Objective 1.2 During CY 2002, the percentage of infants born to women receiving prenatal care in the first trimester will be at least 88%.

Performance Measures	1999 Actual	2000 Actual	2001 Estimated	2002 Estimated
Outcome: **% births with first trimester care**	87%	88%	88%	88%

Objective 1.3 By CY 2005, the teen birth rate will be no more than 40 per 1,000 women.

Performance Measures	1998 Actual	1999 Actual	2000 Estimated	2005 Estimated
Outcome: **Teen birth rate, ages 15-19**	42.8	42.5	42.2	40.0

Objective 1.4 By CY 2004, 50% of children at risk* of lead exposure, ages 1 and 2, will be tested for lead poisoning.

Performance Measures	**1999**	**2000**	**2001**	**2004**
	Actual	**Estimated**	**Estimated**	**Est.**
Output**: % children tested at age 1**	**29.6%**	**30%**	**35%**	**50%**
Output: **% children tested at age 2**	**18.7%**	**20%**	**25%**	**50%**

* Note: Jurisdictions at risk are defined as jurisdictions with all or part of at least one at-risk zip code in the jurisdiction, as defined by the Maryland Targeting Plan for Childhood Lead Poisoning.

Objective 1.5 During FY 2003, the Maryland Primary Care Program average monthly enrollment will be maintained at no less than 7,000.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Input: **Average monthly enrollment**	**6,799**	**7,059**	**7,000**	**7,000**

Objective 1.6 During CY 2002, the number of deaths from causes related to sickle cell disease, among children between the ages of one and four who were identified through the newborn screening program, will be maintained at less than 2%.

Performance Measures	1999 Actual	2000 Actual	2001 Estimated	2002 Estimated
Input: **Number of cases**	**185**	**214**	**190**	**190**
Outcome: **Mortality rate**	**0.5%**	**0%**	**0%**	**0%**

Objective 1.7 During FY 2003, the number of infants born in Maryland screened for hearing impairment will be at least 85%.

Performance Measures	2000 Actual	2001 Esti.	2002 Esti.	2003 Estimated
Input: **Number of infants born in Maryland**	**69,152**	**70,000**	**70,000**	**70,000**
Output: **% of infants screened**	**42.8%**	**70%**	**85%**	**85%**

Goal 2. To prevent chronic diseases, detect cancer early, prevent injury, and ensure accurate public health surveillance.

Objective 2.1 By CY 2010, reduce breast cancer mortality to a rate of no more than 18 per 100,000 persons in Maryland.

Performance Measures	1997 Actual	1998 Actual	1999 Actual	2010 Estimated
Outcome: **Breast cancer death rate**	**25.4**	**24.7**	**23.3**	**18.0**

Objective 2.2 By CY 2010, reduce the oral and pharyngeal cancer death rate in Maryland to a rate of no more than 2 per 100,000 persons.

Performance Measures	1995 Actual	2000 Est.	2005 Est.	2010 Estimated
Outcome: **Oral-pharyngeal cancer death rate**	**3.2**	**2.4**	**2.1**	**2.0**

Objective 2.3 By CY 2010, decrease the mortality rate caused by accidents and other adverse effects to no more than 20 per 100,000 population.

Performance Measures	1990 Actual	1995 Actual	2000 Esti.	2010 Estimated
Outcome: **Age adjusted death rate caused by accidents**	**25.4**	**23.3**	**22**	**20**

Agency Business Plan #6

Office of Health Care Quality

eLicensing Project

A. Executive Summary

The Office of Health Care Quality (OHCQ) licenses all health-related institutions and services in Maryland. OHCQ also conducts inspections and makes certification recommendations to the U.S. Health Care Financing Administration for all health facilities participating in the Medical Assistance Program. Equally important is the fact the OHCQ monitors the facilities for compliance with both State and federal regulations and for quality of care provided. The Office conducts more than 10,000 inspections yearly.

The OHCQ mission is to protect the health and safety of Maryland's citizens and to ensure that there is public confidence in the health care and community service delivery systems through regulatory, enforcement, and educational activities. This mission and our business processes are directly related to the Secretary's mission to protect and promote the health of the public; and to strengthen partnerships between the State and all health care providers in Maryland.

The OHCQ Information Services Unit provides support for the licensing units and administration, ensuring that units have information and data systems:

- For managing licensing and certification processes,
- That provide data to monitor quality of care, and
- That provide administrative, planning and reporting data.

Information Services also provides consultation and technical assistance to the units and is the liaison with the Department's Information Resources Management Administration if additional expertise is needed.

The planned web-based eLicensing Project is directly related to the OHCQ mission and will improve efficiency, save time, and provide uniformity in data management systems for licensing processes. The eLicensing Project is associated

with OHCQ's most critical process and will be our main eGovernment initiative to meet mandates of the eGovernment law.

1. Strengths and Challenges

Business Function Strengths and Challenges

Business Function	**Strengths**	**Challenges**
Database development	Joint project with other DHMH administrations, commercial Oracle-based product available to be tailored to our needs.	No Oracle infrastructure in OHCQ, data conversion from different applications.
Training	Have trainer	Learning the application.
Help desk services	Have staff	Learning the application.

B. Staff Resources

Key Information Technology Staff

Business Function	Title	Support	Work Status
System development	Database supervisor	Responsible for database development. Technical liaison with the vendor throughout the project.	FTE 50% project
	Database spec. II (2)	DB developers. Assisting DB supervisor throughout	FTE

		the project, especially data conversion.	50% project
Training	Computer Information Services Spec. II	Responsible for computer training in OHCQ. Provide staff training beyond that under contract and on-going assistance to staff.	FTE 50% project
Help desk services	Computer User Support Specialist I	Help desk technician for OHCQ. First level for help and resolution of problems after rollout.	FTE Contractual 50% project

			c t

B. Environment

1. Principle Applications: Current application are Microsoft Office Suite, ASPEN Survey Explorer and ASPEN Central Office, Alpha4, and Visual dBase. This project will be a joint web-based project with at least three other Departmental licensing administrations. Information Resources Management Administration (IRMA) will be the contract monitor and is handling procurement details. There are several commercially available applications that would meet basic needs of participating units; but because the administrations license different types of entities, any application would require tailoring for our specific entities and processes. An application has not been selected.
2. IT Inventory - OHCQ currently has 123 PCs, 105 notebook computers and 29 printers of various models. New computers are Gateways. 98% of printers are Hewlett-Packards. In FY 2001, OHCQ established a three-year upgrade cycle for computers as funds permit.
3. Infrastructure - OHCQ does not have the infrastructure to support an Oracle web-based project of this nature. Considering the scope of the project, it is assumed that IRMA will arrange for an ASP.

C. Project Management Approach

1. 1. Project Management Approach

IRMA will be project manager for this contract and project.

2. 2. Project Detail

Business Function Project Detail

	Title	**Description**
	Project title	eLicense
	Major project	Yes
	Priority	1
	Project manager	IRMA will designate
	Project team	Vendor and OHCQ ISU staff
	Project description	The application will manage administrative aspects of the licensing process, maintain a history of monitoring and noncompliance, maintain history of enforcement actions, and provide the license document and reports from the data. Licensees will be able to apply and pay for license renewals on-line, updating demographic information if necessary. Automation of this manual critical process should save time and provide some uniformity (processing, databases, etc.)
	Business plan number	6a
	Vendor(s)	Not yet selected

		Implementation strategy	FY 2002-FY2004. With this being a multiple agency project being managed by IRMA, it is difficult to know the timetable.
		Description of requirements and associated funds	Cost of the project will be shared proportionately by the participating administrations. OHCQ's start-up portion of the project is expected to be a minimum of $150,000. Annual on-going cost will be about $42,000 including application maintenance and support, Oracle support and updates, 1 FTE contractual database administrator, and credit/debit card transaction fees.
		Linkage to Statewide ITMP	This project is directly linked to the eGovernment initiative (50/65/85% web enabled services to the public).
		Linkage to OHCQ MFR	**Goal 14**. By January 2004, 80% of OHCQ's information and business processes will be available on the Internet to implement Maryland's eGovernment initiative. **Obj. 14.2**. By June 2004, at least 50% of OHCQ applicants and licensees will be able to apply for or renew their licenses via the Internet and pay by credit/debit card. **Performance measure outcome.** Increase % of licenses issued via Internet. **2002** **Estimate-** **2003** **Estimate** **2004** **Estimate** **2005** **Estimate** 0% 25% 50% 60%
		Current phase of the project	Planning stage.
		Current status of the project	IRMA is currently assessing the feasibility of the project and which administrations will participate. OHCQ has committed; so IRMA has interviewed each licensing unit to learn the process for issuing a license as background for developing the RFP for the vendor.
		On-time, on-spec, on-budget	N/A. Project has not started.

	Major scope change	N/A
	Other issues	Data conversion- different data systems currently in use. Different license fee, license period and license document for entities. Business process differs for each unit. OHCQ issues 42 different types of licenses. Interfacing with Oracle-based ASPEN and PLACIS license databases that have demographic information.
	Litigation	N/A
	Measuring results	Customer satisfaction, streamlining the processes, increased use by licensees.
	List of other projects impacted by this project	N/A. Even though this will be a DHMH multi-unit project, there will no impact on the other administrations.

Provider Licensing and Complaint Investigation System (PLACIS) Project

D. Executive Summary

The Office of Health Care Quality (OHCQ) licenses all health-related institutions and services in Maryland. OHCQ also conducts inspections and makes certification recommendations to the U.S. Health Care Financing Administration for all health facilities participating in the Medical Assistance Program. Equally important is the fact the OHCQ monitors the facilities for compliance with both State and federal regulations and for quality of care provided. The Office conducts more than 10,000 inspections yearly.

The OHCQ mission is to protect the health and safety of Maryland's citizens and to ensure that there is public confidence in the health care and community service delivery systems through regulatory, enforcement, and educational activities. This mission and our business processes are directly related to the Secretary's mission to protect and promote the health of the public; and to strengthen partnerships between the State and all health care providers in Maryland.

As a result of a law suit against the Department, the Developmental Disabilities Administration (DDA) developed a management and information system to track information about the consumers that it serves, the funding that provides services, the agencies under contract to provide services for the consumers, and the funding and payment processes. The last phase of their effort was to establish a joint management

and information system with OHCQ to track licensing and monitoring activities, to track complaint investigations received and investigated by OHCQ and DDA, to provide a means of sharing information between the licensing and funding units, and to generally improve efficiency of these processes. On-line access to the system will provide real-time information to DDA Regional Offices, Providers, DDA Headquarters and Resource Coordinators, as well as OHCQ. PLACIS Project is associated with OHCQ's most critical process and will be another initiative to meet mandates of the eGovernment law.

It should be noted that oversight of agencies that provide services for the State's developmentally challenged population is shared between the Developmental Disabilities Administration (DDA) and OHCQ. OHCQ is the licensing agent for DDA.

1. Strengths and Challenges

Business Function Strengths and Challenges

Business Function	**Strengths**	**Challenges**
Database development	Joint project with DDA; ability to share information.	No Oracle infrastructure in OHCQ for maintaining the database.
Training	Have trainer	Learning the application.
Help desk services	Have staff	Learning the application.

B. Staff Resources

Key Information Technology Staff

Business Function	Title	Support	Work Status
System development	Database supervisor	Responsible for database development in OHCQ. Technical liaison with the vendor throughout the project.	FTE 50% project

			t
	Database spec. II (2)	OHCQ DB developers. Attending meeting and learning Oracle, Java, etc.	FTE 25% project
Network Support	Network Spec. Lead Network Spec. II	Manage Novell and NT networks for OHCQ. Provide network support for project planning and implementation.	FTE (2) 25% project
Training	Computer Information Services Spec. II	Responsible for computer training in OHCQ. Provide staff training beyond that under contract and on-going assistance to staff.	FTE 50% project
Help desk	Computer	Help desk	F

services	User Support Specialist I	technician for OHCQ. First level for help and resolution of problems after rollout.	TE Contractual 50% project

E. Environment

1. Principle Applications: Current application are Microsoft Office Suite, ASPEN Survey Explorer and ASPEN Central Office, Alpha4, and Visual dBase. PLACIS will be a web-based, thin-client Oracle application project shared with the Developmental Disabilities Administration. The system will utilize the existing LAN/WAN, Internet, and Dial-up network to provide access to geographically distributed users of the system.
2. IT Inventory- OHCQ currently has 123 PCs, 105 notebook computers and 29 printers of various models. New computers are Gateways. 98% of printers are Hewlett-Packards. In FY 2001, OHCQ established a three-year upgrade cycle for computers as funds permit. OHCQ plans to purchase sufficient notebook computers for surveyors and to upgrade office PCs to specifications that will run the application.
3. Infrastructure- OHCQ does not have the infrastructure to support an Oracle web-based project of this nature. A decision has not been made about how the system will be maintained after the contract expires. An ASP is being contemplated.

F. Project Management Approach

1. 1. Project Management Approach- PLACIS is managed jointly by OHCQ and the DDA. Both administrations work on-site with the contractor, Computer Sciences Corporation (CSC) and its subcontractor, Client Network Services, Inc. (CNSI). The Contractor is following the standard Project Life Cycle for systems development. It should be noted that this CSC project team is currently being audited for CMM status. A program and information management consultant from Celia Feinstein Associates also participates in PLACIS weekly project management meetings and is available for technical consultation as needed.

2. 2. Project Detail

Business Function Project Detail

	Title	Description
	Project title	Provider License and Complaint Investigation System (PLACIS)
	Major project	Yes
	Priority	1
	Project manager	Charlotte Frasier, MBA, Administrative Officer of Information Systems for DDA is project manager. She is on-site at OHCQ approx. 3 days/week. Ann Ford, Database Supervisor for OHCQ, is OHCQ's technical advisor for the project in consultation with Robert Mirel, the consultant from Celia Feinstein Associates., Inc.
	Project team	The OHCQ staff as described above under Key Information Services Staff DDA: Charlotte Frasier, Project Manager Joan Rumenapp, Dir. Of Quality Assurance Xiaoli Wen, QA Assistant
	Project description	A joint management and information system with DDA to track licensing and monitoring activities, to track complaint investigations received and investigated by OHCQ and DDA, to provide a means of sharing information between the licensing and funding units, and to generally improve efficiency of these processes. On-line access to the system will provide real-time information to DDA Regional Offices, Providers, DDA Headquarters and Resource Coordinators, as well as OHCQ.
	Business plan number	6b
	Vendor(s)	Computer Sciences Corporation (CSC) and its subcontractor, Client Network Services, Inc. (CNSI). Possibly a TSP vendor.
	Implementation strategy	In FY 03 The project should be in the implementation stage, including training, operation, and maintenance.
	Description of requirements and associated funds	**Hardware-** 10 PCS@ 2000= 20,000. 30 notebooks@ 2500= 75,000. Data & application server= 140,000. Total-**$235,000.** **Communications-** T1 line setup=2500. Monthly fee (1700x12)= 20,400. Total- **22,900.** **Software-** Oracle 8i license= 40,000. Oracle 9iAS for server= 40,000. Oracle Internet Developer Suite, Oracle 8i Lite (30), Web to Go= $107,000. Encryption SW= $800. Total=**$187800**. **Training-Technical staff-** 2 Oracle classes ea. for 4= 20,000. 4 UNIX Solaris courses ea. for 2= 10,000. Technical books= 1500. Total= **$31,500**.

		Training-Endusers- 35 dys. @ 250/dy= 8750. Photocopy manuals= 3000. Laptop with application- 3500. Total=**$15,250.** **Contracted services-** Development (CNSI programmer, FTE after rollout)= 187,000. Training-(CNSI during rollout)= 2170. Supplemental trainer, PTE, 12 dys. x $800)= 9600. System administration (if ASP to host application)= 65,000. Helpdesk (CNSI, 1 yr.)= ? Database administration- 50% DBA under TSP or contractual= 93,500. Network engineer- 10 dys. @ 1250/dy.= 12,500. Write user manual= 20,000. Total= **$389,770+** Funds- Loan from Comptroller plus general funds.
	Linkage to Statewide ITMP	This project is directly linked to the eGovernment initiative (50/65/85% web enabled services to the public).
	Linkage to OHCQ MFR	**Goal 6.** To provide timely and comprehensive DD Complaint Unit investigations for the continuing protection of individuals receiving services from licensed providers of the DDA. **Obj. 6.1**. By June 30, 2004, the number of cases not investigated (FY 2001 – 566; 15% of the total number complaints received) will be reduced to 5%. This will be a 66% reduction in the number of cases that were not investigated in FY 2001. **2001 Actual** **2002 Estimate** **2003 Estimate** **2004 Estimate** 15% 11% 8% 5% **Goal 7.** To provide timely and comprehensive DD Licensure Annual Surveys for the continuing protection of individuals receiving services from licensed providers of the DDA. **Obj. 7.1.** By June 30, 2004, the number of licensees not receiving an annual survey (FY 2001 - 87; 48% of the total number of providers requiring an annual survey) will decrease to 24%. This is a reduction of 50% in the number of licensees not receiving an annual survey in FY 2001 **2001 Actual** **2002 Estimate**

			2003 Estimate **2004 Estimate** 48% 40% 32% 24%
		Current phase of the project	The project is currently in the system development stage.
		Current status of the project	We expect system development to continue until June of 2002.
		On-time, on-spec, on-budget	The project timeline, requirements, and budget have increased. PLACIS is expected to be implemented in December 2002.
		Major scope change	The original Task Order only contained 26 basic requirements. OHCQ and DDA have added system, reporting, and interface requirements to the project. These were added and further defined during the Joint Application Development (JAD) sessions and the new business processes development sessions.
		Other issues	N/A
		Litigation	In August of 1994, DHMH, DDA, and OHCQ entered into an agreement with the Maryland Developmental Disability Law Center, Inc. to avoid the expenses of continued litigation related to the services provided to the developmentally challenged individuals that the DDA serves. The agreement emphasized the development of a quality assurance and information sharing system between OHCQ and DDA administration and regional offices.
		Measuring results	All customers concerned with services to the developmentally challenged should experience improvements in routine critical businesses processes.
		List of other projects impacted by this project	It is expected that the PLACIS system will be linked to the DDA PCIS2 data system and the OHCQ electronic licensing system that is being planned.

Agency Business Plan #7
Medicaid Management Information System
Systems and Operations Administration
Office of Operations & Eligibility, Medical Care Programs

PROGRAM DESCRIPTION

The functions of this Program assure that eligible recipients receive the Medical Assistance, Pharmacy Assistance and Kidney Disease Program benefits to which they are entitled; to develop and maintain a Federally certified Management Information System to pay claims submitted by enrolled providers for health care services rendered to recipients in a prompt and efficient manner; and to minimize Program costs by pursuing all other possible third party liability sources for recovery of Medicaid payments or to cost avoid Medicaid payments and eliminate the need for recovery actions

MISSION

The mission of the Medical Care Programs (Medicaid) is to assure access to medically necessary and appro-priate health care services for Marylanders who cannot afford them. It strives to meet its obligations to both its customers and the taxpayers by assuring that quality services are provided in a cost-effective manner.

VISION

The Medical Care Programs' vision is to see Maryland's indigent population receive quality health care services through a delivery system that will be seen as a model in the health care industry.

KEY GOALS AND OBJECTIVES

Goal 1. To maximize Medicaid recoveries to reduce overall Medicaid expenditures.

Objective 1.1 For Year 2003, maintain Medicaid Third Party Liability (TPL) recoveries at the FY 2002 level, despite a shift in the Third Party Liability responsibility to MCOs due to implementation of HealthChoice.

Objective 1.2 To explore new initiatives to identify additional sources of TPL in an effort to reduce Medicaid expenditures.

Goal 2. To process and pay Medicaid claims in a prompt and efficient manner through a certified/ enhanced MMIS to ensure continuity of health benefits for Maryland Medicaid recipients.

Objective 2.1 For Year 2003, to maintain at a minimum, a 90% payment level of all clean claims within 30 days of receipt; a payment level of 99% of all clean claims within 90 days and perform final adjudication of all claims within one year from date of receipt.

Objective 2.2 For Year 2003, reduce time frame for processing provider claim adjustments by 10%.

IV-A. Executive Summary:

Refer to the Organizational Chart at the end of Section 1.A – Staff Resources

Systems and Operations Administration (Project 203):

As a result of the FY 2001 reorganization of the Medical Care Operations Administration into the Office of Operations and Eligibility, the Systems and Operations Administration (SOA) was established to manage the two sub-administrations consisting of (1) Systems and (2) Program Operations. Systems, in turn, consist of two divisions: (1) Systems and Liaison Services and (2) Medicaid Information Systems. Program Operations consists of five divisions and one sub-division. The divisions are: Medical Assistance Recoveries, including, a Legal unit, Claims Processing, Provider Services, Provider Relations, and Adjustments & Payment Auditing.

The goal of SOA is to assure that providers' claims are submitted for services provided to eligible individuals and that they are paid promptly and efficiently. By operating Third Party Liability (TPL) programs that pursue other sources of payment for Medicaid benefits, SOA assures that Medicaid remains a payer of last resort.

In addition, SOA provides customer service and training to providers, operates the Medicaid Management Information System (MMIS) and assists program staff within Health Care Financing Deputy Secretariat to implement new and revised policies. SOA develops and maintains files of more that 45,000 providers of service and process claims and adjustments for payments in excess of $2.8 billion. SOA will operate the Family Contribution Premium Collection and Employer Sponsors Insurance Premium Payments for the Children's Health Program expansion. Continued Federal certification of MMIS remains a high administrative priority. Development and implementation of enhancements to the MMIS are ongoing, in order, to meet the demands of the Department, as well as, Federal mandates, including, the Administrative Simplification section of the Health Insurance Portability & Accountability Act (HIPAA).

Since, Systems & Liaison Services and Medicaid Information Systems are the core of Medicaid's Information Technology effort, a detailed description of their project activities are presented below.

Systems and Liaison Services (Project 204):

Medicaid's MMIS system continues to require enhancements to implement technically driven issues that are a result of mandated legislative requirements. The Division of Systems Liaison Services (SLS) is required to document and monitor MMIS system changes to adequately perform the review of requested MMIS system changes, SLS assesses legislation to evaluate the impact to Medicaid's claims processing computer system. To insure a through review of system changes, SLS maintains information-sharing relationships with its internal public sector partners: the Office of Operations and Eligibility, the Office of Health Services and the Office of Planning, Development and Finance. In addition, similar information sharing relationships are maintained with its external public sector counterparts: Medicare, Social Security Administration, the Health Care Financing Administration (HCFA), especially, its Health Insurance Portability and Account-ability Act (HIPAA) Teams and the Department of Human Resources, as well as, private sector organizations, such as, the Workgroup for Electronic Data Interchange. To complete the systems enhancement process, the Division participates in the development; testing and migration of customer approved changes. MMIS has developed a project management methodology in order to guide the Information Systems Development Projects undertaken to support the implementation of new and/or enhanced mandated Medicaid Medical Care Programs.

The purpose of this approach is to ensure that Medicaid follows the Statewide IT Master Plan Goal to, "develop State Information Technology Projects on time, on budget, within scope and to the satisfaction of customers."

MMIS IT Task Orders are developed using the following components: project planning, project administra-tion, project and quality control, project development and contract monitoring, which are discussed below.

Medicaid Information Systems (Project 205):

The purpose of the Division of Medicaid Information Services is to serve as the data processing agency for the Medical Care Programs (Medicaid). The division performs:

- Systems Analysis and Feasibility Studies,
- Programming utilizing ADC's IBM mainframe computer,
- Controls & operates two minicomputers and
- Manages the information processing system schedules,
- Operates the external teleprocessing network,
- Provides system and networking security,
- Provides all other internal networking services,
- Maintains the inventory of personal computers.

The goal of the Medicaid Management Information System (MMIS) is to assure that eligible individuals receive health care benefits to which they are entitled and providers are reimbursed promptly and efficiently.

Maintenance of the MMIS, a Federally mandated Medicaid automated claims processing and information retrieval system, is a prime responsibility of this Division.

This project provides data management to approximately 45,000 health care providers and a monthly average of 470,000 Maryland residents who are certified eligible for Medical Assistance, Pharmacy Assistance and Maryland Children's Health Programs.

The Division provides all of the data processing support for Pharmacy Assistance and Maryland Children's Health Programs, as well as, the necessary programming and technical support to run MMIS.

The Division provides the data processing support for interface activities between the Department of Human Resources (DHR). These interface activities include eligibility file reconciliation and CARES automation interface development.

Also, we perform data matches with many State Agencies to ensure that all potential resources of Recipients are identified, thereby, reducing State expenditures.

1. Strengths & Challenges

List the Business Function strengths (areas of expertise) and challenges

Table 1. Business Function Strengths & Challenges

Business Function	Strengths	Challenges
Systems & Operations Admin.	1. Executive Direction 2. Web Development Project 3. Policies - Claims Managemen	1. Administering Federal Mandates 2. Increasing TPL recoveries
Systems & Liaison Servic	. Procurement Services . IT Migration Services . Project Management . Staffing	1. HIPAA Planning/Control
Medicaid Information Syst	1. Systems Development 2. Networking Services 3. Efficient Payment of Claims	1. HIPAA Implementation & Maintenance

IV-B. Staff Resources:

Identify Business Function's key IT staff *by title, job class, support functionality, and employee status. Include IT organizational chart for each business function.*

Table 2. Key Information Technology Staff

Business Function	Name	*Title*	Job	Support	Wo Sta
ms & Operatic Admin (S ********** Systems	Alan Shugart	SOA, Director	DP Asst. Dir.IV 047863	All Medicaid Administrati Deputy Secy. of Health Financing, Offices of Executive Directors, Office of Health Services, Office of Planning, Develop. & Finance Office of Operations and Eligibility	Full-
	Craig Smalls	Systems, Deputy Dir.	DP Asst.Dir III 016239		
Systems & Liaison Services (SLS)	Pat Leake	SLS, Chief	MCP Mngr. III 016127	All Medicaid Administrations- Deputy Secy. of Health Financing, Offices of Executive Directors, Office of Health Services, Office of Planning, Develop. & Financ Office of Operations and Eligibility	Il
	Lee Russell	Admin.& Info. Tech Liaison, Mng	DP Funct.Anal.Sup 023407		
	Richard Pitt	Technical Suppor Mngr.	DP Prog.Anal.Sup. 062268		
Division of Medicaid Information Systems (DMIS)	John Bohns	DMIS, Chief	DP Asst.Dir. II 022564	All Medicaid Administrations- Deputy Secy. of Health Financing, Offices of Executive Directors, Office of Health Services, Office of Planning/Develop. & Financ Office of Operations and Eligibility	
	Team Leaders	DP Prg.Anal.Sups			
	Matt Asplen	Reporting	062271		
	Renee Hartsock	Recipient	047855		
	Rudy Widgeon	Claims	025136		
	Tim Stein	Technical	015462		

IV-C. Environment:

Give a brief summary of the Business Function's major IT related duties and include the following:

1. Principal Applications:

- *Custom Software including inventory of base application, if applicable*

Mainframe:

HIPAA EDI Translator
Design 1 - On-line Documentation System
IBM DB2
FOCUS

Mini/LAN

Eligibility Verification System (EVS)
Surveillance & Utilization Review System (SURS)

- ***COTS***

MS Office 97	250 Sitess
Innoculan 3.0	250 Sites

- ***Operating Systems***

MVS 390 IBM ADC Mainframe OS
VMS DEC EVS Minicomputer OS

Microsoft Windows	250 Sites
Novel 4.0 NOS	250 Sites
Arc Serv 5.01	250 Sites

2. Information Technology Inventory:

- Hardware/software inventory, include location and supporting fund are incorporated into the DHMH IT Inventory List. See DHMH IRMA's listing

3. Infrastructure:

- *Describe network architecture, including significant server location*
- *Include diagram of the Agency network infrastructure*

- The Network Architecture of DHMH is operated by a DHMH IRMA, See their diagram for the presentation of Medicaid's LAN configuration.

IV-D. Project Management

1. Project Management Approach

MMIS APPROACH TO INFORMATION TECHNOLOGY PROJECT MANAGEMENT

This Section presents an overview of the MMIS Approach to completing IT Projects; it describes the method with which all MMIS IT Task Orders are built. MMIS and its contractor, Andersen Consulting, whose present name is Accenture, worked together for several years to develop this model in order to guide all future IT Systems Development Task Orders. The purpose of this approach is to ensure that Medicaid follows the Statewide IT Master Plan Goal to, "develop State Information Technology Projects on time, on budget, within scope and to the satisfaction of customers."

OVERVIEW

Success on large design, development and implementation projects is due in large part to active management. Projects that are not actively managed tend to miss dates, result in poor quality and leave system developers and users frustrated. The project management approach adopted for the MMIS Task Orders (TO-00), as shown below, calls for proactive project management geared for these purposes:

- Deliverable dates are met.
- Issues that affect dates, quality, etc., are surfaced early and resolved.
- Quality deliverables are produced.
- The project's scope remains focused.

The MMIS Task Order Approach components: project planning, project administration, project control, and quality control, project development and contract monitoring are discussed below:

Project Planning

Project planning is an iterative process. It is one of the most important aspects of project management, because it establishes standards, expectations, and structure. Generally, the work plan, staffing plan, deliverables list, and project timetable are developed prior to the start of a project. Team Andersen and MMIS have developed a Project Workplan that is included in this document. The workplan is updated and maintained on a regular basis to reflect the actual status of the project. The Project Workplan becomes the focus point from which Team Andersen and DHMH project management controls the effort throughout the MMIS Task Order.

This type of up front planning clarifies what is required of all parties and leads to a "no-surprise" approach to systems development.

Project Administration

The purpose of project administration is to assist in the proper and efficient performance of work. The Team Andersen/MMIS approach to project administration calls for a more proactive, hands-on involvement by personnel who are experienced in the tasks being performed.

Proactive involvement helps to confirm that issues that impact the schedule and the quality of the deliverables are surfaced and resolved as early and quickly as possible so that the project's momentum is not lost and project management is continually aware of the issues as they arise. A key aspect of project administration is the use of project control tools and techniques.

Project Control

It is vital that the system development process be closely monitored, in order to meet the scheduled delivery dates and deliver quality products. Proven project tools and techniques are used to perform this function. This will promote project efficiencies and lower risks.

The following tools are used to control this project:

- Andersen Consulting/MMIS' structured system development methodology employs a Business Integration Methodology.

- MS Project to assist the planning, estimating, scheduling and tracking of the project.

The following project control techniques are employed on the project:

- Project planning meetings
- Project kick-off meetings
- Monthly status reports
- Bi-weekly status meetings
- Periodic updates of the Detailed Implementation Schedule.

These techniques serve to enhance the communication within the project so that dates are met, issues are raised and resolved promptly, status is known and understood, and quality is being delivered.

Project Development

The MMIS Task Order Approach applies to enhancements to the currently operating MMIS, any modifications to meet new health care specification requirements, and implements the new/redesigned system. The work is performed by an IT Contractor and the Department of Health and Mental Hygiene (DHMH). The project begins with project planning and start-up activities and ends with implementation support/cutover activities. The redesigned system will be operated by DHMH.

Contract Monitoring

The Project Director will be responsible for monitoring the efforts of the DHMH and its transfer contractor in modifying the MMIS Task Order. The State has named Alan R. Shugart,

Director for Systems and Operations, Office of Operations & Eligibility, Medical Programs (OOEMCP) as the Project Director.

An outline of the Detailed Implementation Schedule (DIS) is presented on the next page to provide
the reader with an overview of MMIS' Systems Development Project Management Methods.

This is an example of a typical MMIS Project Management Approach. It is an outline of MMIS' Detailed Implementation Schedule, a highly detailed presentation of all Phases of an IT Systems Development Project, generally, this is the first Deliverable for senior management's evaluation.

PHASE 1: PROJECT START-UP/ & MANAGEMENT (100)

This schedule is from a recent project.

Initial Planning Meeting Minutes				
Detailed Implementation Schedule				
Bi-monthly update of DIS-1				

Bi-monthly update of DIS-2				
Monthly Status Reports				
Bi-Weekly Status Meetings				

PHASE 2: REQUIRMENTS PLANNING & MODIFICATION DEFINITION (200)

Joint Application Development Document				

PHASE 3: DESIGN AND DEVELOPMENT (300)

Modified and New Program Specifications				
Unit & Sys Tested Software				

PHASE 4: CONVERSION (400)

Detailed Conversion Plan				
Conversion Program Results				

PHASE 5: ACCEPTANCE TESTING (500)

Resolved System Investigation Review (SIR) Log				

PHASE 6: PROCEDURES AND DOCUMENTATION (600)

Updated System Documentation				
Updated User Documentation and Manual Procedure				

PHASE 7: IMPLEMENTATION (700)

System Migration Plan				
Implementation Readiness Assessment				

Project Detail: Table 3. Business Function Project Detail

Section	Title	Description
1.	Project Title	The Health Insurance Portability and Accountability Act (HIPAA).
2.	Major Project Y/N	Y
3.	Priority	Priority of project 1=High.
4.	Project Manager	Alan Shugart, Director, Systems and Operations Administration
5.	Project Team	Various combinations of SOA staff, division personnel and contracted resou will be needed throughout the term of this project. Substantial staff time nee be com-mitted for project planning & management, directing work activity, assessing policy and procedural needs and maintaining compliance over ti

6. Project Description

The Health Insurance Portability and Accountabi
(HIPAA) of 1996, Federal P.L.104-191 became l
August 21, 1996 and outlines a process to achiev
uniform national health data standards and health
information privacy. The Admin-istrative Simpli
provision of the law amended Title XI of the Soc
Security Act. This Act requires the Secretary of t
Department of Health and Human Services (DHH
improve the efficiency and effectiveness of the H
Care systems by adopting standards for the electr
transmission of data for certain administrative an
financial transactions while protecting the securit
privacy of the transmitted information. The law r
compliance with the various HIPAA related stand
within 24 months of an Effective date. Effective d
vary from rule to rule (standard to standard) but
high impact standards will require that DHMH m
business software, develop policies, procedures,
mechanisms, and compliance monitoring initiativ
this biennium.

The Health Insurance Portability and Accountabi
Implementation Project will implement HIPAA r
Federal regulations, as they pertain to the DHMH
purpose of improving the efficiency and effective
the health care system and reducing the administ
costs associated with the provision of health care
vices. Implementation will be carried out in a m
that recognizes the realities of differing operation
administrative, and health information needs with
Department and in accordance with the timetable
established by the rulemaking process.

7.	Business Plan Number	7a
8.	Vendor(s)	None, at this time SOA about to prepare a TSP-TORFP to purchase a trans to convert electronic formats and data conversions from our legacy system t EDI based format.

9. Implementation Strategy (FY2003 to FY2007)

FY 2002 – FY 2003

At present, SOA has an Advance Planning Document (APD) submitted to H for approval for 90 % Federal Financial Participation (FFP). In the APD, SOA presents the following:

MMIS' HIPAA Project Implementation Schedule.

Ongoing Activities **652d**

Internal Analysis 326d
Participate in National Workgroups 652d

Pre-requirements Analysis **165d**
Develop APD 33d
Secure Contractor Resources 45d
Assess Translator Software 85d
Develop Issue Papers 70d
Dev Task Orders for Reqs Def 35d

Requirements Definition **207d**

Acquire Translator Software 82d
Define Requirements for MMIS 66d
Define Reqs for Related Systems and Interfaces 67d
Define Reqs for Hardware/Connectivity/Comms 65d
Dev TO's for Des, Dev and Inst of New Capab's 35d

Design, Develop and Install New Capabilities **267d**
Translator Software 94d
MMIS Software 168d
Design 48d
Develop 65d
Test 35d
Implementation 20d

Related Systems and Interfaces **171d**

Design 50d
Develop 65d
Test 35d
Implementation 21d

Acquire Hardware/Connectivity/Communications **70d**
Develop RFPS 20d
Release RFPS 15d
Evaluate Propasals 10d
Award Contracts 10d
Installs 15d

EDI Compliance Review/Phase II Planning **66d**

Confirm HIPAA Compliance 13d

10.	Description of requirements and associated funds.	State hardware, software, staff, and/or contractual services. The requireme must be consistent with phases outlined above and costs in ITPR submissi (see ITPR format). Include actual funding request from ITPR. Section inclu generation (basis of estimate – narrative and algorithm for cost) of associat costs by FY for actual, appropriation and budget request Fys See Spreadsheet on the next page, entitled, **HIPAA Budget**.
11.	Linkage to Statewide ITMP	**Statewide ITMP Goals:** Develop State Information Technology projects on time, on budget, within scope, and the satisfaction of customers. Coordinate the State's business functions across State agencies where it saves time money, and increases customer satisfaction. 5. Make State information and services available to the public over the Inter ac- cording to the following schedule: 50% by 2002, 65% by 2003, & 80% by 2
12.	Linkage to Managing for Results (MFRs)	FY 2003 MFR Strategies – Goals of Medicaid Medical Care Programs: **Goal 1. Maximize the Cost Effectiveness of Medical Care Programs Expenditures for Health care services.** The Administrative Simplification provision of the law amended Title XI of the Social Security Act. This Act requires the Secretary of the Department of He and Human Services (DHHS) to improve the efficiency and effectiveness of Health Care sys-tems by adopting standards for the electronic transmission data for certain adminis-trative and financial transactions while protecting th security and privacy of the trans-mitted information. **Goal 5. Maximize the Effectiveness of Operations of the Medical Car Programs.** The Health Insurance Portability and Accountabi Implementation Project will implement HIPAA r Federal regulations, as they pertain to the DHMH purpose of improving the efficiency and effective the health care system and reducing the business associated with the provision of health care servi **Objective 5.2** For 2003, Meet 75% of HIPAA implementation plan requirem as mandated by Federal law.

13.	Current Phase of the Project	Planning .
14.	Current Status of the Project	Provide a summary of the current status of the project: Project is in its earliest planning stages. However, as final rules are generated, deadlines are being set; e.g., the final rule for EDI was published on 8/17/00 and compliance for other than small health plans is mandated for 10/16/02. At present, waiting for Federal approval (HCFA of MMIS Advance Planning Document (APD).
15.	On-Time, On-Spec, On-Budget (On-TSB)	The Advance Planning Document (APD) submitted to the Centers for Medic and Medicaid Services on May 21, 2001 was approved on August 2, 2001. I secures enhanced Financial Participation (FFP) as appropriate for work focu on compliance with HIPAA's Electronic Transactions requirements covering period July 1, 2001 through December 31, 2002. The amount of FFP appro for this period is just over $ 7 million.
16.	Major Scope Change	In Planning Phase: No scope change has, as yet, been implemented for this project.
17.	Other Issues	None at present but delays in implementation are possible due to changes in Federal law and other resistance to Federal policies by Health Care Provide
18.	Litigation	None.
19.	Measuring Results	Describe how customer satisfaction will be measured and how the results o measurements will be used to improve services to customers Although the final selection of specific measures has not been made at this pe Results under study indicate the following types of outcomes are currently u active consideration: **Benefits to the Recipients:** Increased Privacy and Confidentiality of Hea Records Portability of Insurance Inhanced Coordination of Care **Benefits to Providers:** Efficient Inter-provider communication Lower operating costs Greater access to comparative data for analys Faster response time to health care inquiries. **Benefits to Payers:** Speed, efficiency, lower cost Lower operating costs Increased replacement of obsolete procedure Increased Provider participation .

20.	List of Other Projects Impacted by this Project	Does the project interface with other internal Agency or other MD Agencies' projects? If so, - For internal Agency project – Uncertain at this time. - For other Agency project - Uncertain at this time - For the Health Care System of Maryland/United States – The HIPAA Initi of the Federal Government is a nationwide implementation and it is considered by health care economist and other analyst as one of the m revolutionary changes in the practice of the health care sector in many decades; one that will directly impacting Providers, Patients, Insurers ar levels of Government.

IV-D.2. Project Detail: Table 3. Business Function Project Detail

Section	Title	Description
1.	Project Title	eMedicaid and MMIS System Enhancement Services Project
2.	Major Project Y/N	Y
3.	Priority	Priority of project 1=High.
4.	Project Manager	Alan Shugart, Director, Systems and Operations Administration
5.	Project Team	Various combinations of SOA staff, division personnel and contracted resou needed throughout the term of this project. Substantial staff time needs to b project planning & management, directing work activity, assessing policy ar needs and maintaining compliance over time

6.	Project Description	This eCommerce project is Medicaid's response to the Governor's *eGovernmer* November 2000, Medicaid launched their eMedicaid Services Project in three phas The eMedicaid Diagnostic Phase included performing an assessment of the comparing the current system to other Medicaid agencies, and identifying poten for implementing specific system functionality through internet based applicatio level project approach consists of the following activities: eMedicaid Assessm Identification, and Road Map Development. The eInfrastructure Diagnostic Phase included assessing the current infrastructur recommendations and identification of needs. It focuses on the technology impli from the eMedicaid diagnostic. This high-level project approach is composed of t activities: Initial Assessment, Technology Direction, eInfrastructure Design, an Development. The eMedicaid Implementation Plan followed from the design & deve opportunities that have been identified and selected for development v budget. The aim is to enable this initiative to be implemented progres allowing new service delivery mechanisms to be piloted to a selected 2001 before any widespread rollout to further customer groups, if warr For a Complete Overview of FY 2002 –FY 2004, See the enclosed eOpport FY 2002 – Tier 1 and Tier 2 Implementation FY 2003 – Tier 3: Top 15 Projects FY 2004 – Tier 3: Lower 15 Projects - Projected
7.	Business Plan Number	7b
8.	Vendor(s)	Accenture is MMIS' contractor for the eMedicaid Planning Phase and Initial I of Tier 1 projects; their contract expires on September 30, 2001. At this tim TSP-TORFP for Application Service Provider (ASP) for a one-year contract maintain a Web presence for eMedicaid. The RFP is under the Contractor's Proposal submission. A second TSP-TORFP for (ASP) is being prepared f and Implementation of eMedicaid's Tier 2 Projects.

9. Implementation Strategy (FY2003 to FY2007)

For a Complete Overview of FY 2002 –FY 2004, See the enclosed eOppo

FY 2001 – Planning and Evaluation
FY 2002 – Tier 1 and Tier 2 Implementation
FY 2003 – Tier 3: Top 15 Projects
FY 2004 – Tier 3: Lower 15 Projects – Projected

Following are the milestones and their associated deliverables for T

2.2.1 Milestone I — Completion of Planning

2.2.1.1 *Deliverable 1 – Workplan*

Within 1 workweek of award of this TORFP, the Contractor shall workplan that addresses objectives noted above. Immediately follo order award, the selected contractor shall post the Gantt chart to th contractor's website and provide access to the Agency CIO, Ager Manager and the DBM OIT CMO.

Milestone II – Conduct of Pre-Requirements Analysis

2.2.2.1 Deliverable 1 - Report of Findings from Pre-Require Analysis

At a minimum, this stage should culminate in a report reflecting on of the Contractor's assessment of environment and existing plans a a formal proposal as to contents (applications development) of Tier Contractor's option, this final report may be preceded by a prelimin report on review of existing documentation and/or independent surv environment. The objective of an optional report shall be to convey earliest point possible a concern that may indicate need for a signif modification of the existing Tier 2 application development plan.

2.2.3 Milestone III - Establishment of Tier 2 Commitmen

2.2.3.1 Deliverable 1 – Narrative and Workplan

These 2 related deliverables will reflect the work completed to date results of discussions between the Contractor and Agency and def work to be completed under this TORFP. The narrative will set ex as to scope and functionality to be achieved in these application dev efforts. The workplan will then detail the schedule for production applications

2.2.4 Milestones IV – VII Design through Implementation

2.2.4.1 Deliverables

Deliverables in the formal stages of systems development will be d the workplan developed in Section 2.2.3. The other major formal communication stream in actual stages of system development is p reporting. We will discuss the standards for these communications section to follow.

2.2.5 Milestone V – Final Assessment

2.2.5.1 Deliverable

This is a report covering 2 key elements: observations in conduct o applications; and suggestions for the future of eMedicaid. As a de long-term host has not as yet been made, this would surely be a su consideration.

2.3 Progress Reporting

The Contractor shall submit a monthly progress report to the Age Project Manager, and an electronic copy to the State of Marylan Program Work accomplished during the reporting period;

10.	Description of requirements and associated funds.	State hardware, software, staff, and/or contractual services. The requiremen consistent with phases outlined above and costs in ITPR submission Note: SOA is considering ways to merge and leverage both the HIPAA and e Projects, such as, using Web-based systems to transport HIPAA data/inforr highest level of security. Therefore, consider the Budget figures, below, as amount. Also, unlike most projects, eGovernment Web Projects, have been designa Governor as requiring implementation, on the Web, of 80% of an agency's i and services. Therefore, eGovernment now take on a mission of being a in all health project planning and it is not just an IT project with a definable begi end. It will, rather, be an on-going activity evolving as the agency changes a **eMedicaid Services Budget:** **FY 2001 – $ 1,327,150** **FY 2002 – $ 400,000** **FY 2003 – $ 1,100,000** **FY 2004 – - No Estimate at this time.** **FY 01-04-. $ 2,827,150** **FY 2005 FY 2007 –** Budget Estimates are not available at this time. However during Medicaid's hensive Planning Phase, FY 2001, we identified 198 potential Web-enabled Process Work Activities that we have defined as eOpportunities. Since the planned eOpportunities that we expect to implement, by the end of FY 2004 must re-evaluate our priority list for the FY 2004 – FY 2007 Fiscal Years befo generate plausible Budget Estimates.
11.	Linkage to Statewide ITMP	**Statewide ITMP Goals:** **Develop State Information Technology projects on time, on budget, within sc the satisfaction of customers.** **Coordinate the State's business functions across State agencies where it save money, and increases customer satisfaction.** **5. Make State information and services available to the public over th ac-** **cording to the following schedule: 50% by 2002, 65% by 2003, & 80%** **Turn to next page for # 12.**

12. Linkage to Managing for Results (MFRs)

FY 2003 MFR Strategies – Goals of Medicaid Medical Care Programs (MCP

Goal 2. Provide Health Care Coverage to Additional Low Income Mar

Objective 2.1 Support MCP in providing additional health care coverage to pregnant women and **(Objective 2.2)** uninsured children via

eMedicaid's searchable Provider Directory will allow Recipients to look-up a p the internet, in relation, to their specific needs 24 hours day/7 days a week. Directory will have location, Provider type, even, public transportation inform Providers, themselves, can use the Provider Directory to look-up other Prov referrals to Medical Specialist.

Goal 4. Improve Access to High Quality Health Care Services.

Objective 4.1 Increase the percentage of HealthChoice children/women to services.

eMedicaid's searchable Provider Directory will allow Recipients to look-up a p the internet, in relation, to their specific needs 24 hours day/7 days a week. Directory will have location, Provider type, even, public transportation inform Access to information about Health Services and Providers will now be a un feature available to all Medicaid Recipients.

Goal 5. Maximize the Effectiveness of Operations of the Medical Care P

Strategy 5.3.2 The Program will expand the provision of Provider training to e accuracy of Medicaid claims submitted for payment.

eMedicaid will implement a Provider Portal that will support all facets of DHM Provider communication, including, Provider Training. MCO's will be able to time update to their own provider network information. It is intended to support of Health Services to improve coordination, implementation and monitoring o relevant Provider-Recipient issues.

Objective 5.3 DHMH pays 90% of all clean fee-for-service claims by 30 day

eMedicaid will implement Remittance Look-up Advice Summaries that allow monitor all electronic billings they submit and print current summaries of the

Goal 6. Improve the Quality of Care Delivered to Medicaid Beneficia

Objective 6.1 New HealthChoice enrollees will receive initial health apprais MCO within 90 days of enrollment.

Objective 6.2 Ensure that 85% of children at age 2 enrolled receive immun

eMedicaid searchable Provider Directory will allow Recipient to look-up a prov internet in relation, to their specific needs 24 hours day/7 days a week. . The will have location, Provider type, even, public transportation information. Ac information about Health Services and Providers will now be a universal feat available to all Medicaid Recipients.

13.	Current Phase of the Project	Planning Phase
14.	Current Status of the Project	Accenture is MMIS' contractor for the eMedicaid Planning Phase and Initial I mentation of Tier 1 projects, their contract expires on September 30, 2001. Currently, SOA has a TSP-TORFP for Application Service Provider (ASP) f year contract to establish and maintain a Web presence for eMedicaid. The under the Contractor's evaluation for a Proposal submission. A second TSP-TORFP for (ASP) is being prepared for the Planning and Im tion of eMedicaid's Tier 2 Projects.
15.	On-Time, On-Spec, On-Budget (On-TSB)	The Project is On-TBS. .
16.	Major Scope Change	In Planning Phase: No scope change has, as yet, been implemented for thi
17.	Other Issues	None at present but delays in implementation are possible due to changes i Federal law and other resistance to Federal policies by Health Care Provide
18.	Litigation	None.
19.	Measuring Results	Describe how customer satisfaction will be measured and how the results measurements will be used to improve services to customers Although the final selection of specific measures has not been made at this Results under study indicate the following types of outcomes are currently u consideration: **Benefits to the Recipients:** Enhanced Coordination of Care **Benefits to Providers:** Efficient Inter-provider communication Lower operating costs Faster response time to health care inquiries. **Benefits to Payers:** Speed, efficiency, lower cost Lower operating costs Increased Provider participation .

20.	List of Other Projects Impacted by this Project	Does the project interface with other internal Agency or other MD Agencies' p so, - For internal Agency project – Yes, any unit that provides health informati services to the citizens of Maryland. - For other Agency project - – Yes, any unit that provides health informatic services to the citizens of Maryland. - For the Health Care System of Maryland/United States – The eMedicaid Medicaid's eGovernment Initiative as mandated by Governor Glendening eGovernment has the potential to creating revolutionary changes in the p providing health care information and services that will directly impact P Patients, Insurers and all levels of Government.

AGENCY INFORMATION TECHNOLGY MASTER PLAN

Agency Business Plan #8

Maryland Health Care Commission

A. Executive Summary

Mission Statement: The mission of the Maryland Health Care Commission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public.

The Maryland Health Care Commission (MHCC), created in 1999, operates under Subtitle 1 of Title 19 of the Health General Article to develop and carry out new health policies, including: 1) developing a database on all non-hospital health care services; 2) developing the comprehensive standard health benefit plan for small employers; 3) monitoring the fiscal impact of state mandated benefits; 4) developing quality and performance measures for health maintenance organizations; 5) developing quality and performance measures for hospitals, ambulatory care facilities, and nursing homes; 6) overseeing electronic claims clearinghouses; 7) directing and administering state health planning functions to produce the State Health Plan; 8) conducting the Certificate of Need program from regulated entities.

The Data Systems and Analysis (DSA) group at MHCC is responsible for data base development activities related to the collection of information on health services, the analysis and dissemination of information developed from these data bases, and the development and maintenance of the Commission's network operations and application software. The Data Systems and Analysis Group is organized into four divisions:

1) Data base and Application Development
2) Network Operations and Administrative Systems
3) EDI Programs and Payer Compliance
4) Cost and Quality Analysis

Data base and Application Development is responsible for the development, acquisition, and analysis of health data bases that support the Commission policymaking and information

dissemination responsibilities. These data bases provide the Commission, Department of Health and Mental Hygiene (DHMH), local governments, the General Assembly and other organizations with information necessary to evaluate the current and future cost and utilization of health services and facilities by Maryland residents. Network Operations and Administrative Systems is responsible for LAN development and maintenance. This group also develops and supports the Commissions financial and administrative systems. EDI Programs and Data Submission Compliance Division manages the Commission's EDI expansion activities including HIPAA awareness and supports stakeholders' data submission requirements. The Cost and Quality Analysis conducts analyses on provider utilization and supports the Commission's survey research efforts.

1. Strengths and Challenges

Business Function	Strength	Challenge
Data Base and Application Development	SAS Programming and Data Base Development MS Access GIS – MAPINFO/ SAS Graph DreamWeaver	Web-enabled Applications Intranet Development XML .Net Services Active Server Pages Cold Fusion
Network Operation and Administrative Systems	Microsoft NT/Exchange Server Windows 2000 Client HP Server Operations	SQL Server Operations XML Migration to Windows 2000 Server FMIS Support Firewall Management Limited Broadband (T1 is not adequate)
EDI Programs and Data Submission Compliance	Project Management HIPAA Awareness	ASP Management SQL Server
Cost and Quality Analysis	SAS Programming Federal Survey applications	Patient Classification Systems Physician Classification Systems

B. Staff Resources

Business Function	Name	Title	Classification/Pin	Support	Job Status

					u s
Manag es Data System s and Analys is Group	I e n S t e f f e r	De put y Dir ect or	Senior Progra m Manage r II	DSA supports IT and statistical needs of its staff and staff of other two groups at MHCC	I u l l - t i r e
Cost and Quality Analys es	I i r c a I a r t r y s k y a	Chi ef Co st and Qu alit y Sys tem s	Progra m Manage r IV	Cost and Quality responsibl e for major MHCC analytic reports	I u l l - t i r e
Cost and Quality Analys t	I e b e c c a C c l c h l a t t , I h I	Re gul ato ry Ec ono mis t	Regulat ory Econo mist	Conducts research studies on cost and quality	I u l l - t i r e
Data Base and Applic ation	I e s l i	Chi ef Dat a Bas	Progra m Manage r IV	Directs IT applicatio n support to 25 profession	I u l l -

Development	e l a l n e c c u e	e and Application Development		als	t i n e
Data Base and Application Development	M c n n a n l i n g e l	Chief Survey Operations & Survey Dev.	Data Processing Programmer Analyst Supervisor	Coordinates Long-term Care and Sub Acute Data Collection	l u l l - t i n e
Data Base and Application Development	l a v i c M i t c h e l l	Supervising Programmer Analyst	DPAS Lead/ Advanced	Web Application Development	8 (l e n c e n t
Data Base and Application Development	l n v (u t i n	Supervising Programmer Analyst	DPAS IV	SAS Developer	l u l l - t i n e
EDI Programs And Data	l a v i c	Chief EDI Pro	Program Manager IV	Leads EDI development, data collection	l u l l -

Submission Compliance		grams and Compliance Systems		compliance efforts, IRB activities	
EDI Programs And Data Submission Compliance		Compliance Officer	Administrative Officer II	Manages MHCC MCDB data collection	
Network Operations and Administrative Systems		Chief Network Operations and Administrative Systems	Program Manager IV	Configuration management, risk assessment, hardware & software assessment, ongoing network operations management	
Network Operations and Administrative Systems		Assistant Network Administrator	DPAS IV	Assistant Network Administrator	

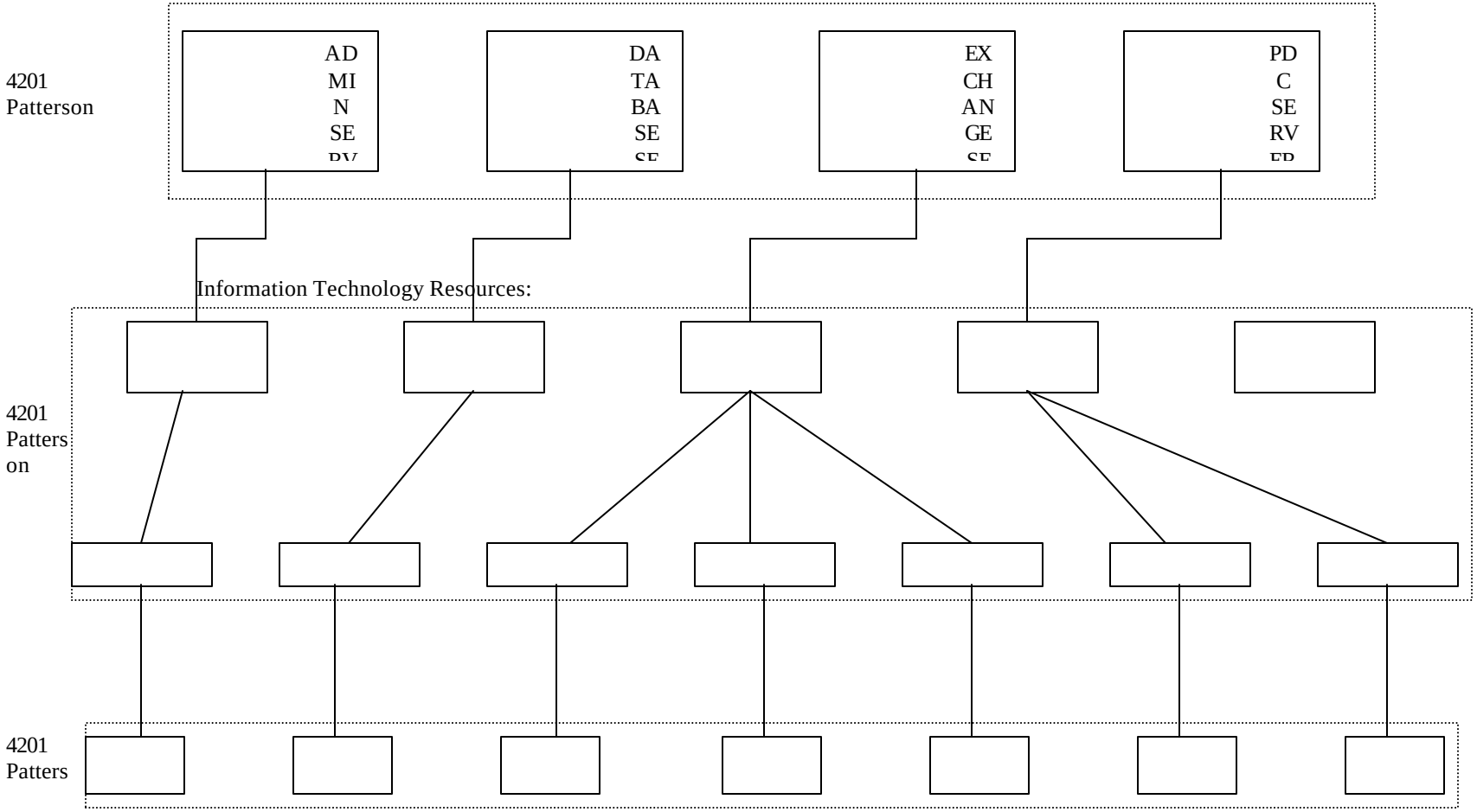
C. Environment

Application	Purpose
Maryland Medical Care Data Base	Analyses the costs of and variations in the use of health care services
Maryland Long Term Care Survey	Supports development of the State Health Plan for Long Term Care Services; project future comprehensive care bed needs for the State.
Ambulatory Surgical Facilities Survey	Assess the availability of surgical services in the state to support CON requirements and to understand the change scope of services performed in these facilities.
Physician Practice Information Data Base	Used to assess overall practitioner supply and to evaluate health planning shortage areas.
Home Health Agency Annual Report	Used to evaluate certificate of need applications proposing the development of additional home health agencies; develop planning policies for home health services; and, respond to data requests from the public concerning home health agencies
Maryland HMO Quality Reporting System	Provides information on the quality of Maryland HMOs using HEDIS measures and a patient satisfaction survey
Maryland Nursing Home Report Card	Provides information on the quality of Maryland comprehensive care facilities using CMS nursing home minimum data set quality indicators and Maryland Long Term Care Survey information.

IT Inventory

	Component
	Servers (Data base, Administrative applications, proxy, exchange, Web)
	Network Printers (
	Network Plotters
	RJE Printer
	PC Workstations
	HP DLT Back-up Systems
	HP Optical Disk Jukebox
	Microsoft NT Server
	Enterprise PANDA Virus Scanning Software
	Computer Associates ARCSERVE
	Microsoft NT Client
	Microsoft Window 98

	Microsoft Office 2000 Suite
	SAS System Licenses,
	MAPINFO
	Cold Fusion
	Adobe Photoshop
	Adobe Illustrator
	MS Visual Basic
	MS Access
	Dreamweaver
	Data view Monarch
	Spatial Insights TrendMap
	Northwood Geo Science Vertical Mapper
	Spatial Insights Point2Point
	Spatial Insights FreeWay


4201
Patterson
ADMINSERV
DATABASESERV
EXCHANGESERV
PDCSERV
Information Technology Resources:
4201
Patterson
4201
Patterson

1. Project Management Approach

MHCC's project management process and its software-development cycle has been specifically developed to reflect the analytic research activities that are supported by development activities at MHCC. The structure is achieved by carefully planning, monitoring, and controlling the activities involved in all phases of the execution of a task: budgeting funds; allocating personnel; scheduling work; and monitoring products and processes. The flexibility is built in by emphasizing informal communication among the staff at all levels. This approach, where team-spirit takes precedence over hierarchy, promotes the free flow of ideas and information and creates a synergy which becomes invaluable for this type of work.

The bulk of MHCCs work consists of shorter term projects, requiring completion in 2 weeks to 4 months. These projects are often concurrent, and some may even have the same required completion date. Moreover, some analyses are related to one another, requiring careful attention to scheduling in order to achieve the proper sequence of analyses. To address the problem of scheduling in such a complex and time-dependent environment and remain responsive at all times to its internal clients , DSA manages projects with careful attention to five important objectives:

- Assuring that qualified staff are available to complete projects
- Delivering a high-quality intermediiate and final products
- Maintaining clear and effective working relationships with internal clients
- Responding to MHCCs changing priorities
- Integrating senior staff among critical projects.

The model provides for early prototyping, and subsequent refinement of an application, and early creation of documentation. This model was used in designing complex apoplication such as the Maryland Long-Term Care Survey yet is flexible for quick turnaround analytic programming activities. MHCC uses current software-engineering concepts to ensure high-quality systems and applications software. The elements of MHCC's approach consistent with the standard to software development lifecyle which are:

- Requirements definition
- Functional specification
- Program design specification
- Coding/debugging
- Testing
- Production/maintenance

For quick turnaround projects the formal design process is short-circuited and MHCC analysts and programmers develop program specifications directly from requirements.

2. Project Detail

Section	Title	Description
1	Project Title	Maryland Medical Care Data Base
2	Major Project Y/N	Y
3	Priority	Medium
4	Project Manager	Ben Steffen
5	Project Team	Ben Steffen, Leslie LaBrecque, Sharon Gruel, David Sharp
6	Project Description	The Maryland Heath Care Commission is mandated to establish and maintain a medical care data base on health care services rendered by health care practitioner. Commission analyses the costs of and variations in the use of health care services and reports the information to the public. Mandated in state law.
7	Business Plan Number	8a
8	Vendor(s)	Metro Data , Project Hope, Social and Scientific Systems,
9	Implementation Strategy (FY2003 to FY2007)	Data collection is in full operation. Incremental enhancements planned for 2003-2007
10	Description Of Requirements And Associated Funds	Project is electronic storage intensive – 50 gigabytes a year. MHCC contracts for SAS developers
11	Linkage to Statewide ITMP	None
12	Linkage to Statewide ITMP	**None**
13	Current Phase Of The Project	Production
14	Current Status Of The Project	All work is proceeding according to plan

15	On-Time, On-Spec, On-Budget (On-TSB)	ON-TSB
16	Major Scope Change	No
17	Other Issues	None
18	Litigation	None
19	Measuring Results	Meets Goal 3 and 4. All MFRs are currently process oriented measures. These focus on improving the quality of information and the timeliness of release
20	List Of Other Projects Impacted By This Project	No direct impact
Section	**Title**	**Description**
1	Project Title	Maryland Long Term Care Survey
2	Major Project Y/N	N
3	Priority	Medium
4	Project Manager	Norm Ringel
5	Project Team	Catherine Victorine, Donna Bullen
6	Project Description	Supports development of the State Health Plan for Long Term Care Services; project future comprehensive care bed needs for the State. Serves as source of information for Maryland Nursing Home Report Card
7	Business Plan Number	8b
8	Vendor(s)	Metro Data, Hunt Valley MD
9	Implementation Strategy (FY2003 to FY2007)	MHCC released a RFP to develop an Internet-based survey in 07/01. Development planned for 1st and 2nd quarters of FY 2002. Operation of survey will begin in 2nd quarter and continue annually
1	Description Of	MHCC will contract for Web development services

0	Requirements And Associated Funds	and hosting support through current ISP. Estimated cost for development based RFI information.
11	Linkage to Statewide ITMP	Meets 50/65/85 requirement
12	Linkage to Statewide ITMP	M01.01.R0102
13	Current Phase Of The Project	Development
14	Current Status Of The Project	RFP released, survey has been designed. Development starts mid-August
15	On-Time, On-Spec, On-Budget (On-TSB)	N/A
16	Major Scope Change	No
17	Other Issues	None
18	Litigation	None
19	Measuring Results	None
20	List Of Projects Impacted By This Project	Maryland Nursing Home Report Card

Section	Title	Description
1	Project Title	Ambulatory Surgical Facilities Survey
2	Major Project Y/N	N
3	Priority	High
4	Project Manager	David Sharp
5	Project Team	Patricia Cameron, Christine Parent, Madeline DeSalas

		DeSales
6	Project Description	Collects data non use and availability of surgical services in the state to support CON requirements and to understand the changing scope of services.
7	Business Plan Number	8c
8	Vendor(s)	Metro Data
9	Implementation Strategy (FY2003 to FY2007)	Continuing enhancement and production. The survey is released on an annual basis
10	Description Of Requirements And Associated Funds	MHCCC contracts with Metro Data for enhancements
11	Linkage to Statewide ITMP	Meets 50/65/85 requirement
12	Linkage to Statewide ITMP	None
13	Current Phase Of The Project	Enhancement & Production
14	Current Status Of The Project	The 2000 survey was completed in July 2001. Planning underway for 2001 survey.
15	On-Time, On-Spec, On-Budget (On-TSB)	ON-TSB
16	Major Scope Change	No
17	Other Issues	None
18	Litigation	None
19	Measuring Results	None specified directly support CON MFRs
20	List Of Other Projects Impacted By This Project	None currently. Hospital Quality Report Card will use information from this survey beginning in FY 2003

Section	Title	Description
1	Project Title	Physician Practice Information Data Base
2	Major Project Y/N	No
3	Priority	Medium
4	Project Manager	David Sharp
5	Project Team	Madeline DeSales
6	Project Description	This survey collects data as part of physician licensure to assess overall practitioner supply and to evaluate health planning shortage areas.
7	Business Plan Number	8d
8	Vendor(s)	Delta Data Entry
9	Implementation Strategy (FY2003 to FY2007)	Commission will continue to support this system, we hope to migrate this to the Internet after electronic signature issues are resolved.
10	Description Of Requirements And Associated Funds	Contractor funded in item 0819. Cost estimated based on actual experience obtained via previous competitive bids
11	Linkage to Statewide ITMP	None
12	Linkage to Statewide ITMP	None
13	Current Phase Of The Project	Production
14	Current Status Of The Project	Production
15	On-Time, On-Spec, On-Budget (On-TSB)	ON-TSB
16	Major Scope Change	No

17	Other Issues	None
18	Litigation	None
19	Measuring Results	
20	List Of Other Projects Impacted By This Project	None

Section	Title	Description
1	Project Title	Home Health Agency Annual Report
2	Major Project Y/N	N
3	Priority	Medium
4	Project Manager	David Sharp
5	Project Team	Madeline DeSales
6	Project Description	Used to evaluate certificate of need applications proposing the development of additional home health agencies; develop planning policies for home health services; and, respond to data requests from the public concerning home health agencies
7	Business Plan Number	8e
8	Vendor(s)	MetroData
9	Implementation Strategy (FY2003 to FY2007)	Continuing enhancement and production. The survey is released on an annual basis. Electronic document dissemination via Web
10	Description Of Requirements And Associated Funds	All work currently conducted in-house using permanent employees.
11	Linkage to Statewide ITMP	Web enabled 50/65/85
12	Linkage to Statewide ITMP	None
13	Current Phase Of The Project	Production
14	Current Status Of The Project	Production
15	On-Time, On-Spec, On-Budget (On-	ON-TSB

	TSB)	
16	Major Scope Change	No
17	Other Issues	None
18	Litigation	None
19	Measuring Results	None specified directly support CON MFRs
20	List Of Other Projects Impacted By This Project	None

S ection	**Title**	**Description**
1	Project Title	Maryland Nursing Home Performance Evaluation Guide
2	Major Project Y/N	N
3	Priority	High
4	Project Manager	Enrique Martinez-Vidal
5	Project Team	Enrique Martinez-Vidal, Kristin Helfer-Koester
6	Project Description	Provides information on the quality of Maryland comprehensive care facilities using CMS nursing home minimum data set quality indicators and Maryland Long Term Care Survey information
7	Business Plan Number	8f
8	Vendor(s)	Abt Associates, Madison Design
9	Implementation Strategy (FY2003 to FY2007)	Will be released for the first time in 08/01. Continuing enhancement and production. The survey is released on an annual basis
1	Description Of	Contract for quality guide development services and

0	Requirements And Associated Funds	web development support. Cost estimated based on actual experience obtained via previous competitive bids for similar services.
11	Linkage to Statewide ITMP	Web enabled 50/65/85.
12	Linkage to Statewide ITMP	None
13	Current Phase Of The Project	Under Development
14	Current Status Of The Project	Production
15	On-Time, On-Spec, On-Budget (On-TSB)	ON-TSB
16	Major Scope Change	No
17	Other Issues	None
18	Litigation	None
19	Measuring Results	
20	List Of Other Projects Impacted By This Project	None
Section	**Title**	**Description**
1	Project Title	Maryland HMO Quality Reporting System
2	Major Project Y/N	N
3	Priority	High
4	Project Manager	Pamela Cheetham
5	Project Team	Pamela Cheetham, Zeke Barbour, Joyce Burton

6	Project Description	Provides information on the quality of Maryland HMOs using HEDIS measures and a patient satisfaction survey
7	Business Plan Number	8g
8	Vendor(s)	Medstat, Madison Design
9	Implementation Strategy (FY2003 to FY2007)	Fourth report will be released for the in 09/01. Continuing enhancement and production.
10	Description Of Requirements And Associated Funds	Costs estimates for vendor services based on previous vendor expenditures generated through competitive bid process.
11	Linkage to Statewide ITMP	Web enabled 50/65/85.
12	Linkage to Statewide ITMP	None
13	Current Phase Of The Project	Production
14	Current Status Of The Project	Production
15	On-Time, On-Spec, On-Budget (On-TSB)	ON-TSB
16	Major Scope Change	No
17	Other Issues	None
18	Litigation	None
19	Measuring Results	Meets Goal 1 to promote competition based on quality in insurance markets
20	List Of Other Projects Impacted By This Project	None

FY 2003 Information Technology Master Plan

Agency Business Plan #9

Alcohol and Drug Abuse Administration

The Alcohol and Drug Abuse Administration (ADAA) will develop and implement an electronic web-enabled data management system to assess treatment program performance and provide individual programs with the ability to utilize their clinic data to make service delivery improvements. This system will expand upon the data elements collected by the ADAA Substance Abuse Management Information System (SAMIS). SAMIS contains information on all client admissions to and discharges from the State certified programs in Maryland.

The enhanced system will utilize and improve upon the technology and infrastructure of the HIDTA Automated Tracking System (HATS) client-server software operated by the University of Maryland Bureau of Government Research (BGR) currently being used in some jurisdictions as a data collection and communication tool between treatment programs and criminal justice agencies. The new system will allow the ADAA, working with BGR and the University of Maryland Center for Substance Abuse Research (CESAR), to continuously monitor and analyze what kinds of treatment services are most successful for specific client populations so that the services can be replicated statewide. The new system will also ensure that programs are collecting vital data that can be used to improve program practices. With increasing demands for accountability for ADAA's substance abuse treatment resource allocation, the agency must develop a defensible performance measurement system that takes advantage of some of the most advanced information technology.

Executive Summary

Areas of Focus:

- Enhance current SAMIS data collection application and technology to incorporate statewide standards of program performance.
- Provide an interface for SAMIS reporting programs that is customer friendly and available 24 hours a day/7 days a week (in compliance with the e-Government initiative).
- Increase consistency and quality of data reported by treatment programs by enhancing onsite training and validation initiatives.
- Increase the timeliness and utility of the data submitted to ADAA for analysis and research by eliminating time consuming conversion of paper forms and converting to direct electronic entry.
- Increase the utility and availability of the data to the treatment programs.
- Provide publicly funded treatment programs with the appropriate technology to enable access to the electronic system.

Advantages of an Electronic Web-enabled Reporting System

Moving expeditiously to a web-enabled reporting system is important to accomplishing the following objectives:

- Increase compliance with Maryland's e-Government initiative.
- Improve data consistency and accuracy across treatment programs through automated edit checks.
- Improve timeliness of data available for treatment program performance analysis.
- Facilitate the process of making revisions to collected data elements.

Strengths and Challenges

Business Function	***Strengths***	***Challenges***
Systems & Programming	1. Web development 2. System development	1. SQL server
Administration	1. Staffing	1. Training
Network Services	1. Project Management	1. LAN/WAN

Staff Resources

Business Function	***Name***	***Title***	***Job Class/ PIN***		*Work Status*
Project Coordination	Jeff Allison	e-SAMIS Coordinator	Administrator I		Full-Time
Agency Grants Specialist II	Candice Duvall	Grants Specialist	Agency Grants Specialist II		Full-Time
Criminal Justice	Kevin Amado	Criminal Justice Support	Coordinator Special Programs V – Addictions		Full-Time

Environment

With increasing demands for accountability for ADAA's substance abuse treatment resource allocation, the agency must develop a defensible performance measurement system that takes advantage of some of the most advanced information technology.

Principal Applications

ADAA:

ADAA's e-SAMIS server is a Dell PowerEdge 2400, Pentium III, 866 Mhz with a dual processor, 512 MB SDRAM, RAID 5 controller with four (4) 36.2 GB hard drives, External DLT Tape Backup, 3 ½ 1.44 MB Diskette Drive and 17/40x SCSI CD-ROM, 6 Bay Hot pluggable backplan.

The server will be running Windows NT 4.0 configures as a Primary Domain Controller, with MSQL 2000, Norton Anti-Virus protection software and ARCServe for Window NT Exec for tape back-up. The application used on the client side will be Microsoft Access 2000 as a front end.

BGR:

The products that will be used for the architecture of the system are as follows:

- 128-bit SSL Server ID's from Verisign
- Cisco Secure ACS using TACACS+

SSL technology is supported by several client applications such as Netscape Navigator, and Microsoft Internet Explorer, most server applications such as Netscape, Microsoft, Apache, and NSCA, and Certification Authorities (CA's) such as Verisign.

All Servers are Compaq products. The e-SAMIS Server is a Compaq ML-530 with 4 GIG of RAM and 9 hard drives. The Web/Application Server is Compaq ML-530 with 4 GIG of RAM and 7 hard drives. The two Metaframe Servers are also Compaq 530 with 3 GIG of RAM and 5 hard drives. The routers are all CISCO 3660 or 1700's with IOS 12.1 or greater.

The external firewall is Checkpoint 4.1 running on Windows NT 4.0 server. The server will be running Windows 2000 server SP2 or later, with MSQL 7.0, Norton Enterprise Antivirus 7.5. The application is Visual Basic. An additional layer of anti-virus protection is included in the Vertas Backup Exec software.

IT Inventory

See DHMH Master Inventory List.

Infrastructure

The architecture for the ADAA e-SAMIS project will be implemented recognizing the need to maintain the following:

- Confidentiality: Under Federal Confidentiality Regulations, BGR will execute a Qualified Service Organization Agreement (QSOA) with each certified treatment program reporting on the e-SAMIS system. Data collected by BGR from treatment providers will be stored on their server. Encryption software will be utilized in data transmission to ADAA from BGR and then from ADAA to CESAR (under DHMH and University of Maryland IRB approved protocols. Data transmission to CESAR will be used for performance measurement and data analysis).
- Integrity: The encryption software will ensure that data is not accidentally or intentionally modified or misused.
- Availability: The e-SAMIS Reporting System will be accessible to authorized users at all times. This is generally achieved through incorporating redundancy in system set-up and implementing consistent and reliable backups.

(Please see refer to BGR's Security Plan) Users will include State certified addiction treatment providers. Treatment providers will access the e-SAMIS system in two different methods.

- Web Users: Users accessing the e-SAMIS application via the Internet using a web browser accessing web pages created by BGR; and
- VB (Visual Basic) Application Users: Users connecting through private networks, dialup connections, and Internet VPN using a client application created by BGR.

The architecture accommodates both types of users and ensures that the e-SAMIS application provides necessary data security. The Web Users will access the Web/Application Server that will be on the DMZ area of the firewall; they will be authenticated via a CISCO Secure ACS Server using TACAC+ protocol. Access to the MSQL database will only be available from the Web/Application Server. Access to the network that houses the MSQL server will be further restricted by a Protocol Filter that will only allow the Web/Application Server access to the MSQL protocol. The interaction between the client browser and the Web/Application Server will be encrypted using SSL.

The VB Application model will allow users to access the database through Private Networks, Dialup Connections, or VPNS. Most users will be running the client application locally; some will run it remotely using Metaframe. The CISCO Secure ACS Server will authenticate all users as they enter the e-SAMIS network. In the VB Application module the client queries the database, but only according to the software specifications. All connections will be logged on the ACS Server and in the e-SAMIS application's database, and they will be traceable back to the user name. Additionally, for the dialup users, Caller ID information will be logged.

BGR will have two offices in the College Park area. Their primary Data Center will be on One Boulevard Plaza and their backup is on 4511 Knox Road. There will be a point-to-point T1 connection between the two sites. There will be two fully configures servers that can be used as the e-SAMIS server and Web/Application server at the 4511 Knox Road backup site. These servers can be used in the event of a disaster occurs at the primary site.

ADAA's e-SAMIS server is located at 55 Wade Avenue, Bland Bryant Building at Spring Grove Hospital Center.

Project Management

Project Management Approach

Refer to ADAA System Management Plan.

Project Detail

Refer to ADAA System Management Plan.

	Title	***Description***
	Project Title	e-SAMIS
	Major Project Y/N	Yes
	Priority	High
	Project Manager	William Rusinko, Chief of Management of Information
	Project Team	Jeff Allison, Project Coordinator Tammy Hobson, Network Administrator Nikki Schultz, Programmer Vickie Kaneko, MIS Mari Howard, SAMIS Validation Team Leader
	Project Description	The Alcohol and Drug Abuse Administration (ADAA) will develop and implement an electronic web-enabled data management system to assess treatment program performance and provide individual programs with the ability to utilize their clinic data to make service delivery improvements. This system will expand upon the data elements collected by the ADAA Substance Abuse Management Information System (SAMIS). SAMIS contains information on all client admissions to and discharges from the State certified programs in Maryland. The enhanced system will utilize and improve upon the technology and infrastructure of the HIDTA Automated Tracking System (HATS) client-server software operated by the University of Maryland Bureau of Government Research (BGR) currently being used in some jurisdictions as a data collection and communication tool between treatment programs and criminal justice agencies. The new system will allow the ADAA, working with BGR and the University of Maryland Center for Substance Abuse Research (CESAR), to continuously monitor and analyze what kinds of treatment services are most successful for specific client populations so that the services can be replicated statewide. The new system will also ensure that programs are collecting vital data that can be used to improve program practices. With increasing demands for accountability for ADAA's substance abuse treatment resource allocation, the agency must develop a defensible performance measurement system that takes advantage of some of the most advanced information technology.
	Business Plan Number	#9

		Vendor(s)		University of Maryland Bureau Governmental Research University of Maryland Center for Substance Abuse
		Implementation Strategy (FY2003 to FY2007)		Development and training
				Revisions and transition to electronic reporting
				Transition and implementation of the web-based system
				Maintenance of web-based system
				Maintenance of web-based system
		Description of requirements and associated funds		Refer to M.O.U.'s (BGR/CESAR)
		Linkage to Statewide ITMP		50/65/80
		Linkage to MFR's		Collect and report statistical information relating to drug and alcohol treatment program performance outcomes for the purpose of determining system effectiveness and needs. (See ITPR)
		Current Phase of the Project		The current phase of this project is the development and training process.
		Current Status of the Project		Please refer to M.O.U.'s (BGR/CESAR)
		On-Time, On-Spec, On-Budget (On-TSB)		On time with budget and on spec.
		Major Scope Change		None
		Other Issues		None
		Litigation		None
		Measuring Results		Validation of data, accuracy, customer

		satisfaction survey and timeliness of data submission
	List of Other Projects impacted by this Project	None

E. Information Technology Policy

The Department of Health and Mental Hygiene has adopted information resources managem policies to establish standards, ensure appropriate use of communications technology, preve software copyright infringement and coordinate and monitor the acquisition and use of inform technology resources and assure that DHMH information is processed in a secure environm while providing citizens access to public information. **Attachment L**

- **Electronic Information Systems (02.01.01)** – provides guidelines for DHMH employees in the appropriate use of communications technology for business operations.Electronic information systems covered by the policy include tele-communications, computer systems and the Internet and DHMH Intranet.

- **Software C Infringement (02;01.02)** – provides DHMH employees with guidance on the use and copying of computer software and the prevention of software copyright infringement.

- **Policy on the Acquisition and Utilization of Information Technology Resources (02.01.03)** - designates the Information Resources Management Administration as having responsibility for coordinating and monitoring the acquisition and use of information technology resources within the Department.

- **System Life Cycle Management (02.01.04)** – establishes the life cycle manage-ment requirements for the DHMH automated information application systems.

- **Health Information Coordinating Council (02.01.05)** – establishes the Maryland Health Information Coordinating Council as a permanent, senior level, decision making and implementation body for carrying out the Department's information resources management responsibilities.

- **Information Assurance Policy (02.01.06**) – provides guidelines for the secure handling of DHMH information as well as, the provision of public information to Marylanders.

In addition to policies, the DHMH has adopted guidelines and protocols to deal with web Development, data remanence and portable devices.

Web Development Guidelines:

The DHMH Internet Guidelines provide direction in the design, development, implementation and maintenance of websites. The guidelines were developed to promote a unified site for DHMH; ensure the quality of departmental sites, and; facilitate web development throughout the Department. It is also the purpose of the guidelines to support the privacy of personal information and the integrity of public information.

Data Remanence Protocol

- **Requires the data on fixed and/or removable media in PC's to be eradicated using a set of approved standards and procedures.**
- **Required when equipment is sent to surplus, or when organizations dispose of media.**
- **Provides directions on how to eradicate these devices correctly.**
- **Media include: hard drives, floppy disks, removable magnetic and other data storage media (CDs).**
- **Also requires data sharing partners to eradicate our data to our specifications**

Laptop Protocol

- **DHMH business units, partners, contractors must follow procedures to assure Protected and proprietary data are protected on portable devices or when transmitted openly.**
- **Includes Laptops, Personal Digital Assistants,**
  And portable data equipment used off-site.
- **Devices are highly targeted by thieves – Data loss potentially expose the Department and employees to civil and criminal penalties and other legal action.**
- **Requires care to be equal to the risk of the loss exposure.**
- **Requires special care and a higher level of diligence when the systems contain unencrypted or Protected or Proprietary Information. Includes registration before removing data from premises.**

- **Requires encryption protection when information is transmitted over open systems.**

A "crosswalk" of State information technology policies and DHMH information technology policies was completed and the following chart reflects the results of the analysis:

Statewide IT Policy	Adopted Statewide Policy? (Yes / No)	If not, is there anAgency Policy? (Yes / No)	Estimated Policy Date? (Month/Year)	How is Policy Enforced?
Hardware Standards	No		June 2002	
Technology Refresh				

	I Information Technology **IT Architecture**	No	N/A	HICC/IRMA
	Electronic Mail (E-mail) & Internet Use	NO	Yes	HICC/IRMA
	Universal Privacy	No	N/A	HICC/IRMA
	Contract Management	No	N/A	HICC/IRMA
	Universal Electronic Accessibility	No	June, 2002	
	Training & Certification	No	June, 2002	
	Cost Effective IT Management	No	June, 2002	
	Software Standards – Commercial-Off-the-Shelf (COTS)	No	N/A	HICC/IRMA
	Network Design & Operation	NO	N/A	HICC/IRMA
	Web Site Development & Operations	No	N/A	HICC/IRMA
	Project Management	NO	N/A	HICC/IRMA
	Configuration Management	NO	June, 2002`	HICC/IRMA
	Systems Developmen	NO	N/A	HICC/IRMA

	t		
	Capacity Planning	NO	June, 2002
	Hardware & Software Inventory	NO	June, 2002

Conclusion

The Department of Health and Mental Hygiene has been very proactive in its endeavor to provide quality information resources management. Through its Health Information Coordinating
Council and various workgroups, the Department is actively addressing current customer needs and planning for the future.